

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

02/27/2019

Document Number:

401952784

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 47120 Contact Person: Mike Holle
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9296639
Address: P O BOX 173779 Email: mike.holle@anadarko.com
City: DENVER State: CO Zip: 80217-3779
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 336650 Location Type: Production Facilities
Name: BELLA FEDERAL Number: 36N-7HZ
County: WELD
Qtr Qtr: SESW Section: 8 Township: 3N Range: 66W Meridian: 6
Latitude: 40.232870 Longitude: -104.802280

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462225 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.232494 Longitude: -104.802167 PDOP: 2.2 Measurement Date: 10/04/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327945 Location Type: Well Site [ ] No Location ID
Name: MILLER ESTATE-63N66W Number: 8SESW
County: WELD
Qtr Qtr: SESW Section: 8 Township: 3N Range: 66W Meridian: 6
Latitude: 40.233820 Longitude: -104.803050

Flowline Start Point Riser

Latitude: 40.233819 Longitude: -104.803018 PDOP: 1.8 Measurement Date: 10/04/2018
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 04/06/1992  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service**

\_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 462389 Flowline Type: Wellhead Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.232476 Longitude: -104.802161 PDOP: 2.8 Measurement Date: 10/04/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332896 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: MILLER ESTATE-63N66W Number: 8SWSW  
County: WELD  
Qtr Qtr: SWSW Section: 8 Township: 3N Range: 66W Meridian: 6  
Latitude: 40.233360 Longitude: -104.807770

**Flowline Start Point Riser**

Latitude: 40.233594 Longitude: -104.808057 PDOP: 2.1 Measurement Date: 10/01/2018  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 01/05/2001  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 02/01/2019

**Description of Abandonment**

The HSR-Bella 13-8 P&A is complete. The well head was cut and capped on 1/23/2019. The entire flow line (2,308 Feet) was removed on 2/1/2019.

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

The HSR-Bella 13-8 P&A is complete. The well head was cut and capped on 1/23/2019. The entire flow line (2,308 Feet) was removed on 2/1/2019.  
HSR-BELLA 13-8A 05-123-20142 FL HSR BELLA 13-8A

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 02/27/2019 Email: mike.holle@anadarko.com

Print Name: Mike Holle Title: SDA

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### **Attachment Check List**

**Att Doc Num**      **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files