

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

02/27/2019

Document Number:

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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: 461041 Location Type: Production Facilities
Name: SHAFER-62N66W-BATT Number: 25NENW
County: WELD
Qtr Qtr: NENW Section: 25 Township: 2N Range: 66W Meridian: 6
Latitude: 40.116292 Longitude: -104.727977

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462526 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.116292 Longitude: -104.727971 PDOP: 1.6 Measurement Date: 05/31/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306604 Location Type: Well Site [] No Location ID
Name: BADDING - USX W-62N66W Number: 25SEnw
County: WELD
Qtr Qtr: SENW Section: 25 Township: 2N Range: 66W Meridian: 6
Latitude: 40.111130 Longitude: -104.727130

Flowline Start Point Riser

Latitude: 40.111145 Longitude: -104.727118 PDOP: 1.4 Measurement Date: 05/31/2018
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: 07/16/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 10/12/2018

Description of Removal from Service

The Badding USX W 25-6 P&A is complete. The well head was cut and capped on 11/15/2018. The flow line was removed by another crew prior to the cut and cap.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461365 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.116292 Longitude: -104.727977 PDOP: 1.5 Measurement Date: 05/31/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332327 Location Type: _____ Well Site No Location ID
Name: SHAFER-62N66W Number: 25NENW
County: WELD
Qtr Qtr: NENW Section: 25 Township: 2N Range: 66W Meridian: 6
Latitude: 40.115336 Longitude: -104.727766

Flowline Start Point Riser

Latitude: 40.115348 Longitude: -104.727777 PDOP: 1.7 Measurement Date: 05/31/2018
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: 07/17/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 05/31/2018

Description of Removal from Service

The Shafer 21-25 P&A is complete. The well head was cut and capped on 11/7/2018. The flow line and tank battery were removed 5/31/2018.
SHAFER 21-25 05-123-22156 FLOWLINE SHAFFER 21-25

OPERATOR COMMENTS AND SUBMITTAL

Comments

The Bidding USX W 25-6 P&A is complete. The well head was cut and capped on 11/15/2018. The flow line was removed by another crew prior to the cut and cap.

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