

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

03/01/2019

Document Number:

401957089

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: 429565 Location Type: Production Facilities
Name: VAN PORTFLIET TANK BATTERY Number: 35C-W3HZ
County: WELD
Qtr Qtr: SWSW Section: 10 Township: 2N Range: 65W Meridian: 6
Latitude: 40.147203 Longitude: -104.659244

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459575 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.146933 Longitude: -104.659735 PDOP: 1.2 Measurement Date: 09/26/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 419956 Location Type: Well Site [] No Location ID
Name: THOMASON Number: 37N-E4HZ
County: WELD
Qtr Qtr: SESE Section: 9 Township: 2N Range: 65W Meridian: 6
Latitude: 40.146790 Longitude: -104.660771

Flowline Start Point Riser

Latitude: 40.146682 Longitude: -104.660350 PDOP: 1.4 Measurement Date: 09/26/2018
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: 07/19/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 10/08/2018

Description of Removal from Service

The Thomason 37-9 P&A is complete. The well head was cut and capped on 9/26/2018. The entire flow line was removed on 10/8/2018.
THOMASON 37-9 05-123-32380 FL-THOMASON 37-9

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458321 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.146936 Longitude: -104.659805 PDOP: 1.2 Measurement Date: 08/30/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332180 Location Type: _____ Well Site No Location ID
Name: THOMASON-62N65W Number: 9NWSE
County: WELD
Qtr Qtr: NWSE Section: 9 Township: 2N Range: 65W Meridian: 6
Latitude: 40.151250 Longitude: -104.666680

Flowline Start Point Riser

Latitude: 40.151889 Longitude: -104.667199 PDOP: 1.3 Measurement Date: 08/27/2018
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: 04/25/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/01/2018

Description of Abandonment

The Thomason 10-9A P&A is complete. The well head was cut and capped on 8/29/2018. A large section of flow line was removed on 9/1/2018. The remaining section will stay in place until the rest of the vertical wells are plugged going into this facility.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459574 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**Latitude: 40.146920 Longitude: -104.659742 PDOP: 1.4 Measurement Date: 09/26/2018Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 419956 Location Type: Well Site No Location IDName: THOMASON Number: 37N-E4HZCounty: WELDQtr Qtr: SESE Section: 9 Township: 2N Range: 65W Meridian: 6Latitude: 40.146790 Longitude: -104.660771**Flowline Start Point Riser**Latitude: 40.146685 Longitude -104.660232 PDOP: 1.3 Measurement Date: 09/26/2018Equipment at Start Point Riser: Well**Flowline Description and Testing**

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 07/19/2011

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICEDate: 10/08/2018**Description of Removal from Service**

The Thomason 39-9 P&A is complete. The well head was cut and capped on 9/26/2018. The entire flow line and separator was removed on 10/8/2018.

THOMASON 39-9 05-123-32381 FL-THOMASON 39-9

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: 459577 Flowline Type: Wellhead Line Action Type: _____**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.146943 Longitude: -104.659740 PDOP: 1.3 Measurement Date: 09/26/2018Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 419956 Location Type: Well Site No Location IDName: THOMASON Number: 37N-E4HZCounty: WELDQtr Qtr: SESE Section: 9 Township: 2N Range: 65W Meridian: 6Latitude: 40.146790 Longitude: -104.660771**Flowline Start Point Riser**Latitude: 40.146682 Longitude -104.660401 PDOP: 1.3 Measurement Date: 09/26/2018Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 07/19/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 10/08/2018

Description of Removal from Service

The Thomason 16-9 P&A is complete. The well head was cut and capped on 9/26/2018. The entire flow line was removed on 10/8/2018.
THOMASON 16-9 05-123-32416 FL-THOMASON 16-9

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459576 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.146927 Longitude: -104.659737 PDOP: 1.4 Measurement Date: 09/26/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 419956 Location Type: _____ Well Site No Location ID
Name: THOMASON Number: 37N-E4HZ
County: WELD
Qtr Qtr: SESE Section: 9 Township: 2N Range: 65W Meridian: 6
Latitude: 40.146790 Longitude: -104.660771

Flowline Start Point Riser

Latitude: 40.146684 Longitude: -104.660285 PDOP: 1.4 Measurement Date: 09/26/2018
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: 07/19/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 10/08/2018

Description of Removal from Service

The Thomason 38-9 P&A is complete. The well head was cut and capped on 9/26/2018. The entire flow line was removed on 10/8/2018
THOMASON 38-9 05-123-32389 FL-THOMASON 38-9

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458320 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point RiserLatitude: 40.146929 Longitude: -104.659805 PDOP: 1.3 Measurement Date: 08/21/2018Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 318750 Location Type: Well Site No Location IDName: UPRR 38 PAN AM K-62N65W Number: 9SESECounty: WELDQtr Qtr: SESE Section: 9 Township: 2N Range: 65W Meridian: 6Latitude: 40.149580 Longitude: -104.663062**Flowline Start Point Riser**Latitude: 40.149577 Longitude: -104.663085 PDOP: 1.6 Measurement Date: 08/21/2018Equipment at Start Point Riser: Well**Flowline Description and Testing**

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 03/07/1997

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service**OPERATOR COMMENTS AND SUBMITTAL**

Comments

The Thomason 10-9A P&A is complete. The well head was cut and capped on 8/29/2018. A large section of flow line was removed on 9/1/2018. The remaining section will stay in place until the rest of the vertical wells are plugged going into this facility.

THOMASON 10-9A 05-123-21939 FL-THOMASON 10-9A

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

Signed: _____ Date: 03/01/2019 Email: mike.holle@anadarko.comPrint 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: 3/4/2019**Attachment Check List**

Att Doc Num	Name
401957089	Form44 Submitted
401957090	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files