

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:

03/04/2019

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: 318146 Location Type: Production Facilities
Name: BROWN TANK BATTERY Number: 13C-26HZ
County: WELD
Qtr Qtr: SWSW Section: 35 Township: 3N Range: 66W Meridian: 6
Latitude: 40.177880 Longitude: -104.750330

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462943 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser
Latitude: 40.177688 Longitude: -104.749713 PDOP: 2.0 Measurement Date: 06/03/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336075 Location Type: Well Site [] No Location ID
Name: HSR-WARREN-63N66W Number: 35NWSW
County: WELD
Qtr Qtr: NWSW Section: 35 Township: 3N Range: 66W Meridian: 6
Latitude: 40.179860 Longitude: -104.751550

Flowline Start Point Riser

Latitude: 40.179993 Longitude: -104.751548 PDOP: 1.8 Measurement Date: 06/03/2018
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: 10/01/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 02/06/2019

Description of Abandonment

The Brown 32-35 P&A is complete. The well head was cut and capped on 1/25/2019. The entire flow line (983 Feet) was removed on 2/6/2019.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462944 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.177724 Longitude: -104.749753 PDOP: _____ Measurement Date: 06/03/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336075 Location Type: _____ Well Site No Location ID
Name: HSR-WARREN-63N66W Number: 35NWSW
County: WELD
Qtr Qtr: NWSW Section: 35 Township: 3N Range: 66W Meridian: 6
Latitude: 40.179860 Longitude: -104.751550

Flowline Start Point Riser

Latitude: 40.179419 Longitude: -104.751223 PDOP: _____ Measurement Date: 06/03/2018
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: 01/27/2002
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 Brown 32-35 P&A is complete. The well head was cut and capped on 1/25/2019. The entire flow line (983 Feet) was removed on 2/6/2019.
BROWN 32-35 05-123-27132 FLOWLINE-BROWN 32-35

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

Signed: _____ Date: 03/04/2019 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> |
|---------------------------|--------------------|
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Total Attach: 0 Files