

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

03/05/2019

Document Number:

401960431

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: 462965 Location Type: Production Facilities
Name: BADDING-TANK Number: 35SWSE
County: WELD
Qtr Qtr: SWSE Section: 35 Township: 2N Range: 66W Meridian: 6
Latitude: 40.090116 Longitude: -104.741695

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462999 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.090100 Longitude: -104.741620 PDOP: 1.5 Measurement Date: 02/06/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319411 Location Type: Well Site [] No Location ID
Name: BADDING Number: 15-35
County: WELD
Qtr Qtr: SWSE Section: 35 Township: 2N Range: 66W Meridian: 6
Latitude: 40.090014 Longitude: -104.740756

Flowline Start Point Riser

Latitude: 40.089951 Longitude: -104.740512 PDOP: 1.2 Measurement Date: 02/06/2018
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: 05/25/2012
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: 463005 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.090090 Longitude: -104.741626 PDOP: 1.5 Measurement Date: 02/06/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319411 Location Type: _____ Well Site No Location ID

Name: BADDING Number: 15-35

County: WELD

Qtr Qtr: SWSE Section: 35 Township: 2N Range: 66W Meridian: 6

Latitude: 40.090014 Longitude: -104.740756

Flowline Start Point Riser

Latitude: 40.089931 Longitude -104.740584 PDOP: 1.2 Measurement Date: 02/06/2018

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: 06/09/2011
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: 462998 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.090107 Longitude: -104.741620 PDOP: 1.5 Measurement Date: 02/06/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319411 Location Type: Well Site No Location ID
Name: BADDING Number: 15-35
County: WELD
Qtr Qtr: SWSE Section: 35 Township: 2N Range: 66W Meridian: 6
Latitude: 40.090014 Longitude: -104.740756

Flowline Start Point Riser

Latitude: 40.089960 Longitude: -104.740483 PDOP: 1.2 Measurement Date: 02/06/2018
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: 06/09/2011
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: 463004 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.090097 Longitude: -104.741685 PDOP: 1.4 Measurement Date: 02/06/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319411 Location Type: Well Site No Location ID
Name: BADDING Number: 15-35
County: WELD
Qtr Qtr: SWSE Section: 35 Township: 2N Range: 66W Meridian: 6
Latitude: 40.090014 Longitude: -104.740756

Flowline Start Point Riser

Latitude: 40.089943 Longitude: -104.740545 PDOP: 1.2 Measurement Date: 02/06/2018
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: 08/26/2011
Maximum Anticipated Operating Pressure (PSI):

Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463000 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.090113 Longitude: -104.741766 PDOP: 1.2 Measurement Date: 02/06/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319411 Location Type: Well Site No Location ID

Name: BADDING Number: 15-35

County: WELD

Qtr Qtr: SWSE Section: 35 Township: 2N Range: 66W Meridian: 6

Latitude: 40.090014 Longitude: -104.740756

Flowline Start Point Riser

Latitude: 40.089923 Longitude -104.740613 PDOP: 1.3 Measurement Date: 02/06/2018

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: 06/09/2011

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: 463001 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.090100 Longitude: -104.741754 PDOP: 1.3 Measurement Date: 02/06/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319411 Location Type: Well Site No Location ID

Name: BADDING Number: 15-35

County: WELD

Qtr Qtr: SWSE Section: 35 Township: 2N Range: 66W Meridian: 6

Latitude: 40.090014 Longitude: -104.740756

Flowline Start Point Riser

Latitude: 40.089903 Longitude -104.740686 PDOP: 1.3 Measurement Date: 02/06/2018

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: 06/09/2011

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: 463003 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.090090 Longitude: -104.741761 PDOP: 1.3 Measurement Date: 02/06/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319411 Location Type: _____ Well Site No Location ID

Name: BADDING Number: 15-35

County: WELD

Qtr Qtr: SWSE Section: 35 Township: 2N Range: 66W Meridian: 6

Latitude: 40.090014 Longitude: -104.740756

Flowline Start Point Riser

Latitude: 40.089895 Longitude -104.740720 PDOP: 1.3 Measurement Date: 02/06/2018

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: 08/26/2011

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

Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: 463002 Flowline Type: Wellhead Line Action Type: Abandonment**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.090116 Longitude: -104.741695 PDOP: 1.3 Measurement Date: 02/06/2018Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 319411 Location Type: _____ Well Site No Location IDName: BADDING Number: 15-35County: WELDQtr Qtr: SWSE Section: 35 Township: 2N Range: 66W Meridian: 6Latitude: 40.090014 Longitude: -104.740756**Flowline Start Point Riser**Latitude: 40.089972 Longitude: -104.740439 PDOP: 1.2 Measurement Date: 02/06/2018Equipment at Start Point Riser: Well**Flowline Description and Testing**

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

Bedding Material: _____ Date Construction Completed: 08/26/2011

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

Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENTDate: 01/15/2019**Description of Abandonment**

The Badding 9-35SX P&A is complete. The well head was cut and capped on 1/15/2019. A small section of flow line was removed at the same time (5 feet). The remaining flow line has stayed in place due to running in vicinity to other active lines.

OPERATOR COMMENTS AND SUBMITTAL

Comments The Badding 9-35SX P&A is complete. The well head was cut and capped on 1/15/2019. A small section of flow line was removed at the same time (5 feet). The remaining flow line has stayed in place due to running in vicinity to other active lines.
BADDING 9-35SX 05-123-32092 BADDING 9-35SX FLOWLINE

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

Signed: _____ Date: 03/05/2019 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: 3/6/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401960431	Form44 Submitted
401960435	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files