

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

02/25/2019

Document Number:

401950408

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: 336280 Location Type: Production Facilities
Name: LDS-63N68W-TANK Number: 24NWSE
County: WELD
Qtr Qtr: NWSE Section: 24 Township: 3N Range: 68W Meridian: 6
Latitude: 40.208365 Longitude: -104.951036

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.208365 Longitude: -104.951036 PDOP: 1.4 Measurement Date: 01/17/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336280 Location Type: Well Site [] No Location ID
Name: LDS-63N68W Number: 24SESE
County: WELD
Qtr Qtr: SESE Section: 24 Township: 3N Range: 68W Meridian: 6
Latitude: 40.206360 Longitude: -104.943950

Flowline Start Point Riser

Latitude: 40.206386 Longitude: -104.944308 PDOP: 1.3 Measurement Date: 01/17/2018
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: 02/22/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.208361 Longitude: -104.951061 PDOP: 1.3 Measurement Date: 01/17/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336287 Location Type: _____ Well Site No Location ID
Name: LDS-63N68W Number: 24SWSE
County: WELD
Qtr Qtr: SWSE Section: 24 Township: 3N Range: 68W Meridian: 6
Latitude: 40.206150 Longitude: -104.949510

Flowline Start Point Riser

Latitude: 40.206163 Longitude: -104.949499 PDOP: 1.2 Measurement Date: 01/17/2018
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: 02/08/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The LDS 37-24 P&A is complete. The well head was cut and capped on 2/13/2019. A small section of flow line was removed at the well head (10 Feet). The remaining flow line will remain in place per land owner's request due to crops. LDS 37-24 05-123-24354 FLOWLINE LDS 37-24

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 02/25/2019 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
401950444	FLOWLINE LAYOUT DRAWING
401950446	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files