

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

02/27/2019

Document Number:

401950546

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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 416630 Location Type: Production Facilities
Name: MAPLEWOOD TANK BATTERY Number: 35-7
County: WELD
Qtr Qtr: SWSW Section: 7 Township: 4N Range: 67W Meridian: 6
Latitude: 40.321149 Longitude: -104.938348

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463103 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.321231 Longitude: -104.938451 PDOP: 1.6 Measurement Date: 10/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323022 Location Type: Well Site ☐ No Location ID
Name: MAPLEWOOD Number: 35-7
County: WELD
Qtr Qtr: SWSW Section: 7 Township: 4N Range: 67W Meridian: 6
Latitude: 40.323330 Longitude: -104.938470

Flowline Start Point Riser

Latitude: 40.323331 Longitude: -104.938484 PDOP: 1.2 Measurement Date: 10/08/2017
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: 06/24/1985
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462388 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.321239 Longitude: -104.938462 PDOP: _____ Measurement Date: 10/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331335 Location Type: Well Site ☐ No Location ID
Name: HSR-MAPLEWOOD ACRES-64N67W Number: 7NWSW
County: WELD
Qtr Qtr: NWSW Section: 7 Township: 4N Range: 67W Meridian: 6
Latitude: 40.326510 Longitude: -104.939190

Flowline Start Point Riser

Latitude: 40.326508 Longitude: -104.939194 PDOP: _____ Measurement Date: 10/08/2017
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: 12/19/2001
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 01/23/2019

Description of Abandonment

The Maplewood Acres 12-7 P&A is complete. The well head was cut and capped on 12/27/2018. The entire flow line (2,211 feet) was removed on 1/23/2019.

OPERATOR COMMENTS AND SUBMITTAL

Comments The Maplewood 2 P&A is complete. The wellhead was cut and capped on 2/5/2019. The entire flow line (803 Feet) was removed on 2/1/2019.
MAPLEWOOD 2 05-123-12451 FLOWLINE-MAPLEWOOD 2

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: 3/6/2019

Attachment Check List

Att Doc Num

Name

401950546

Form44 Submitted

Total Attach: 1 Files