

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

02/27/2019

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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: 328563 Location Type: Well Site
Name: PLUSS-63N66W Number: 11SEW
County: WELD
Qtr Qtr: SENW Section: 11 Township: 3N Range: 66W Meridian: 6
Latitude: 40.242870 Longitude: -104.748620

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462385 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.243476 Longitude: -104.748641 PDOP: Measurement Date: 08/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327464 Location Type: Well Site [] No Location ID
Name: PLUSS L Number: 11-20D
County: WELD
Qtr Qtr: SENW Section: 11 Township: 3N Range: 66W Meridian: 6
Latitude: 40.241270 Longitude: -104.746720

Flowline Start Point Riser

Latitude: 40.241278 Longitude: -104.746742 PDOP: Measurement Date: 01/20/2015
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: 10/02/1990
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/05/2016

Description of Abandonment

The PLUSS L 11-6 P & A is complete, the well was cut and capped on 10/3/16 and the flow line was removed on 10/5/16

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462386 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.243473 Longitude: -104.748725 PDOP: _____ Measurement Date: 06/29/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327434 Location Type: _____ Well Site No Location ID
Name: PLUSS-63N66W Number: 11NWNW
County: WELD
Qtr Qtr: NWNW Section: 11 Township: 3N Range: 66W Meridian: 6
Latitude: 40.244870 Longitude: -104.751460

Flowline Start Point Riser

Latitude: 40.244862 Longitude: -104.751468 PDOP: _____ Measurement Date: 06/29/2018
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: 09/19/1990
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 11/21/2018

Description of Abandonment

The Pluss L 11-4 P&A is complete. The well head was cut and capped on 12/3/2018. The entire flow line was removed on 11/21/2018.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462195 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.243473 Longitude: -104.748717 PDOP: 1.3 Measurement Date: 06/29/2018
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332856 Location Type: Well Site No Location ID
 Name: PLUSS-63N66W Number: 11NENW
 County: WELD
 Qtr Qtr: NENW Section: 11 Township: 3N Range: 66W Meridian: 6
 Latitude: 40.244900 Longitude: -104.746720

Flowline Start Point Riser

Latitude: 40.244890 Longitude -104.746736 PDOP: 1.2 Measurement Date: 06/29/2018
 :
 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: 09/27/1990
 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: 462444 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.243476 Longitude: -104.748641 PDOP: _____ Measurement Date: 08/01/2018
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327464 Location Type: Well Site No Location ID
 Name: PLUSS L Number: 11-20D
 County: WELD
 Qtr Qtr: SENW Section: 11 Township: 3N Range: 66W Meridian: 6
 Latitude: 40.241270 Longitude: -104.746720

Flowline Start Point Riser

Latitude: 40.241278 Longitude -104.746742 PDOP: _____ Measurement Date: 01/20/2015
 :
 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: 10/02/1990

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

Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/05/2016

Description of Abandonment

The PLUSS L 11-6 P & A is complete, the well was cut and capped on 10/3/16 and the flow line was removed on 10/5/16

OPERATOR COMMENTS AND SUBMITTAL

Comments The PLUSS L 11-6 P & A is complete, the well was cut and capped on 10/3/16 and the flow line was removed on 10/5/16
PLUSS L 11-6 05-123-14730 FL PLUSS 11-6
The Pluss L 11-4 P&A is complete. The well head was cut and capped on 12/3/2018. The entire flow line was removed on 11/21/2018.
PLUSS L 11-4 05-123-14691 FL PLUSS L 11-4

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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files