

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:

02/22/2019

Document Number:

401948839

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: 429870 Location Type: Production Facilities
Name: HUDSON TANK BATTERY Number: 14N-35HZ
County: WELD
Qtr Qtr: NENW Section: 26 Township: 2N Range: 65W Meridian: 6
Latitude: 40.115997 Longitude: -104.636004

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462234 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.115894 Longitude: -104.635638 PDOP: 1.4 Measurement Date: 07/17/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429872 Location Type: Well Site No Location ID
Name: HUDSON Number: 13N-35HZ
County: WELD
Qtr Qtr: NWNW Section: 26 Township: 2N Range: 65W Meridian: 6
Latitude: 40.115880 Longitude: -104.638809

Flowline Start Point Riser

Latitude: 40.115878 Longitude: -104.638894 PDOP: 1.4 Measurement Date: 07/17/2018
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: 06/30/2013
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: 462233 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.115986 Longitude: -104.635474 PDOP: 1.2 Measurement Date: 07/17/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429864 Location Type: _____ Well Site No Location ID

Name: HUDSON Number: 14N-35HZ

County: WELD

Qtr Qtr: NENW Section: 26 Township: 2N Range: 65W Meridian: 6

Latitude: 40.115863 Longitude: -104.634090

Flowline Start Point Riser

Latitude: 40.115863 Longitude: -104.634113 PDOP: 1.6 Measurement Date: 07/17/2018

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: 07/18/2013
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: 462231 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.115896 Longitude: -104.635853 PDOP: 1.6 Measurement Date: 07/17/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429872 Location Type: Well Site No Location ID
Name: HUDSON Number: 13N-35HZ
County: WELD
Qtr Qtr: NWNW Section: 26 Township: 2N Range: 65W Meridian: 6
Latitude: 40.115880 Longitude: -104.638809

Flowline Start Point Riser

Latitude: 40.115876 Longitude: -104.637748 PDOP: 1.8 Measurement Date: 07/17/2018
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: 07/09/2013
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: 462237 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.116096 Longitude: -104.635473 PDOP: 1.7 Measurement Date: 07/17/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429864 Location Type: Well Site No Location ID
Name: HUDSON Number: 14N-35HZ
County: WELD
Qtr Qtr: NENW Section: 26 Township: 2N Range: 65W Meridian: 6
Latitude: 40.115863 Longitude: -104.634090

Flowline Start Point Riser

Latitude: 40.115860 Longitude: -104.633073 PDOP: 1.3 Measurement Date: 07/17/2018
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: 07/18/2013
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: 462232 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.115914 Longitude: -104.635571 PDOP: 1.3 Measurement Date: 07/17/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318717 Location Type: Well Site No Location ID

Name: MARGARET EICHTHALER-62N65W Number: 26NENW

County: WELD

Qtr Qtr: NENW Section: 26 Township: 2N Range: 65W Meridian: 6

Latitude: 40.114230 Longitude: -104.635510

Flowline Start Point Riser

Latitude: 40.114127 Longitude -104.635660 PDOP: 1.3 Measurement Date: 07/17/2018

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: 07/25/1995

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

Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 01/04/2019

Description of Abandonment

The Eichthaler Margaret 2 P&A is complete. The well head was cut and capped on 12/18/2018. The entire flow line (649 feet) was removed on 1/4/2019. The separator was removed on 1/4/2019.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462236 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.115895 Longitude: -104.635707 PDOP: 1.5 Measurement Date: 07/17/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429872 Location Type: Well Site No Location ID

Name: HUDSON Number: 13N-35HZ

County: WELD

Qtr Qtr: NWNW Section: 26 Township: 2N Range: 65W Meridian: 6

Latitude: 40.115880 Longitude: -104.638809

Flowline Start Point Riser

Latitude: 40.115879 Longitude -104.638786 PDOP: 1.6 Measurement Date: 07/17/2018

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: 06/30/2013

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: 462230 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.116041 Longitude: -104.635473 PDOP: 1.5 Measurement Date: 07/17/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429864 Location Type: _____ Well Site No Location ID

Name: HUDSON Number: 14N-35HZ

County: WELD

Qtr Qtr: NENW Section: 26 Township: 2N Range: 65W Meridian: 6

Latitude: 40.115863 Longitude: -104.634090

Flowline Start Point Riser

Latitude: 40.115860 Longitude -104.633181 PDOP: 1.4 Measurement Date: 07/17/2018

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: 07/20/2013

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: 462235 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.115896 Longitude: -104.635778 PDOP: 1.5 Measurement Date: 07/17/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429872 Location Type: _____ Well Site _____ No Location ID

Name: HUDSON Number: 13N-35HZ

County: WELD

Qtr Qtr: NWNW Section: 26 Township: 2N Range: 65W Meridian: 6

Latitude: 40.115880 Longitude: -104.638809

Flowline Start Point Riser

Latitude: 40.115878 Longitude -104.637856 PDOP: 1.8 Measurement Date: 07/17/2018

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: 07/04/2013

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 Eichthaler Margaret 2 P&A is complete. The well head was cut and capped on 12/18/2018. The entire flow line (649 feet) was removed on 1/4/2019. The separator was removed on 1/4/2019.
EICHTHALER MARGARET 2 05-123-09794 FL EICHTHALER MARGARET #2

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

Signed: _____ Date: 02/22/2019 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>

Total Attach: 0 Files