

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:

03/11/2019

Document Number:

401967986

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: 336580 Location Type: Production Facilities
Name: UPRC-63N66W Number: 9NESE
County: WELD
Qtr Qtr: NESE Section: 9 Township: 3N Range: 66W Meridian: 6
Latitude: 40.237800 Longitude: -104.775580

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463138 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.237601 Longitude: -104.776565 PDOP: 1.7 Measurement Date: 04/23/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328749 Location Type: Well Site ☐ No Location ID
Name: UPRC-63N66W Number: 9NWSE
County: WELD
Qtr Qtr: NWSE Section: 9 Township: 3N Range: 66W Meridian: 6
Latitude: 40.237640 Longitude: -104.779490

Flowline Start Point Riser

Latitude: 40.237646 Longitude: -104.779489 PDOP: 2.0 Measurement Date: 04/23/2018
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: 01/22/1993
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 02/21/2019

Description of Abandonment

The UPRC 9-10K P&A is complete. The well head was cut and capped on 2/19/2019. The entire flow line (1,074 Feet) was removed on 2/21/2019.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463139 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 40.237643 Longitude: -104.776518 PDOP: _____ Measurement Date: 01/20/2015
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327997 Location Type: _____ Well Site ☐ No Location ID

Name: UPRC-63N66W Number: 9SESE

County: WELD

Qtr Qtr: SESE Section: 9 Township: 3N Range: 66W Meridian: 6

Latitude: 40.234040 Longitude: -104.775320

Flowline Start Point Riser

Latitude: 40.234020 Longitude: -104.775314 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: 12/31/1991
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 UPRC 9-10K P&A is complete. The well head was cut and capped on 2/19/2019. The entire flow line (1,074 Feet) was removed on 2/21/2019.
UPRC 9-10K 05-123-16378 FLOWLINE UPRC 9-10K

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

Signed: _____ Date: 03/11/2019 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: 3/12/2019

Attachment Check List

Att Doc Num

Name

401967986

Form44 Submitted

Total Attach: 1 Files