

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:

04/02/2019

Document Number:

401992684

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: 421518 Location Type: Production Facilities
Name: BADDING TANK BATTERY Number: 20-26
County: WELD
Qtr Qtr: NWSE Section: 26 Township: 2N Range: 66W Meridian: 6
Latitude: 40.108988 Longitude: -104.742972

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463750 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.109372 Longitude: -104.742976 PDOP: 1.7 Measurement Date: 09/06/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336341 Location Type: Well Site ☐ No Location ID
Name: SHAFER-62N66W Number: 26SWNE
County: WELD
Qtr Qtr: SWNE Section: 26 Township: 2N Range: 66W Meridian: 6
Latitude: 40.110380 Longitude: -104.742830

Flowline Start Point Riser

Latitude: 40.110501 Longitude: -104.742754 PDOP: 2.4 Measurement Date: 09/06/2018
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: 02/23/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Shafer 7-26 P&A is complete. The well head was cut and capped on 3/21/2019. The entire flow line was left in place below ground, and GPS'd in per land owner's request (crops).
SHAHER 7-26 05-123-21891 FL SHAHER 7-26

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 04/02/2019 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: 4/2/2019

Attachment Check List

Att Doc Num **Name**

401992684	Form44 Submitted
401992696	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files