

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:

04/04/2019

Document Number:

401995959

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: 436551 Location Type: Production Facilities
Name: BURKHARDT Number: 37N-3HZ
County: WELD
Qtr Qtr: NWNE Section: 3 Township: 1N Range: 66W Meridian: 6
Latitude: 40.086145 Longitude: -104.760580

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463122 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.086984 Longitude: -104.760582 PDOP: 1.4 Measurement Date: 01/04/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319359 Location Type: Well Site [] No Location ID
Name: UPRR 50 PAN AM G-TRUE-61N66W Number: 3NENE
County: WELD
Qtr Qtr: NENE Section: 3 Township: 1N Range: 66W Meridian: 6
Latitude: 40.084025 Longitude: -104.758725

Flowline Start Point Riser

Latitude: 40.084039 Longitude: -104.758727 PDOP: 1.5 Measurement Date: 01/04/2018
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: 10/11/1983
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 02/19/2019

Description of Removal from Service

The UPRR 50 Pan Am G True 1 P&A is complete. The well head was cut and capped on 1/15/2019. A section of flow line was removed (2,941 Feet) was removed on 2/19/2019. The remaining section of flow line (100 Feet) was left in place due to other active lines in vicinity.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463737 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.087002 Longitude: -104.760576 PDOP: 1.2 Measurement Date: 06/29/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333010 Location Type: Well Site No Location ID
Name: UPRR 50 PAN AM-61N66W Number: 3NENW
County: WELD
Qtr Qtr: NENW Section: 3 Township: 1N Range: 66W Meridian: 6
Latitude: 40.085554 Longitude: -104.765800

Flowline Start Point Riser

Latitude: 40.085933 Longitude: -104.765905 PDOP: 2.0 Measurement Date: 05/08/2018
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: 05/13/2003
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 05/18/2018

Description of Abandonment

C&C 5/8/18 and a section of flowline removed on 5/18/18. Remaining section to be left in place due to proximity of other flowlines in the area.
BURKHARDT 3-3A 05-123-21333 FLOW LINE BURKHARDT 3-3A

OPERATOR COMMENTS AND SUBMITTAL

Comments



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

Signed: _____ Date: 04/04/2019 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

<u>Att Doc Num</u>	<u>Name</u>
401995974	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files