

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

04/04/2019

Document Number:

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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: 318735 Location Type: Production Facilities
Name: DECHANT STATE GAS UNIT-62N67W Number: 16SWSW
County: WELD
Qtr Qtr: SWSW Section: 16 Township: 2N Range: 67W Meridian: 6
Latitude: 40.133700 Longitude: -104.901610

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457296 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.133393 Longitude: -104.901825 PDOP: Measurement Date: 02/07/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330854 Location Type: Well Site [] No Location ID
Name: DECHANT STATE V-62N67W Number: 16SESW
County: WELD
Qtr Qtr: SESW Section: 16 Township: 2N Range: 67W Meridian: 6
Latitude: 40.132544 Longitude: -104.897472

Flowline Start Point Riser

Latitude: 40.132540 Longitude: -104.897443 PDOP: 2.2 Measurement Date: 02/07/2018
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: 11/25/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 07/27/2018

Description of Removal from Service

The Dechant State V 16-14JI P&A is complete. The well head was cut and capped on 7/17/2018. The entire flow removal was completed on 7/27/2018.
DECHANT STATE V 16-14JI
FLOWLINE DECHANT STATE V 16-14JI

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463747 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.133400 Longitude: -104.901826 PDOP: 3.7 Measurement Date: 02/07/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333055 Location Type: Well Site No Location ID
Name: DECHANT STATE V-62N67W Number: 16NWSW
County: WELD
Qtr Qtr: NWSW Section: 16 Township: 2N Range: 67W Meridian: 6
Latitude: 40.137010 Longitude: -104.903200

Flowline Start Point Riser

Latitude: 40.137002 Longitude: -104.903206 PDOP: 2.0 Measurement Date: 02/07/2018
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: 08/18/1999
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 03/19/2019

Description of Abandonment

The Dechant ST V 16-12JI P&A is complete. The well head was cut and capped on 3/7/2019. The entire flow line (1,529 Feet) was removed on 3/19/2019.
DECHANT ST V 16-12JI 05-123-19770 FL-DECHANT V16-12JI

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>

Total Attach: 0 Files