

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:

04/12/2019

Document Number:

402005994

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: 422522 Location Type: Production Facilities
Name: Miller Number: X31-04 TANK
County: WELD
Qtr Qtr: NWNW Section: 31 Township: 2N Range: 65W Meridian: 6
Latitude: 40.098770 Longitude: -104.715490

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458294 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.098916 Longitude: -104.715494 PDOP: 1.3 Measurement Date: 03/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332419 Location Type: Well Site [] No Location ID
Name: MILLER X-62N65W Number: 31SWNW
County: WELD
Qtr Qtr: SWNW Section: 31 Township: 2N Range: 65W Meridian: 6
Latitude: 40.096679 Longitude: -104.713631

Flowline Start Point Riser

Latitude: 40.096675 Longitude: -104.713641 PDOP: 1.6 Measurement Date: 03/01/2018
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: 07/12/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 09/06/2018

Description of Removal from Service

The Miller X 31-5JI is complete. The well head was cut and capped on 8/30/2018. The entire flow line was removed on 9/6/2018.
MILLER X 31-5JI 05-123-22276 FL-MILLER X 31-05JI

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463887 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.098907 Longitude: -104.715495 PDOP: 1.2 Measurement Date: 03/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328755 Location Type: _____ Well Site No Location ID
Name: MILLER RED X-62N65W Number: 31NWNW
County: WELD
Qtr Qtr: NWNW Section: 31 Township: 2N Range: 65W Meridian: 6
Latitude: 40.099203 Longitude: -104.712359

Flowline Start Point Riser

Latitude: 40.099215 Longitude: -104.712341 PDOP: 1.4 Measurement Date: 03/01/2018
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: 04/28/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Miller Red X 31-2D P&A is complete. The well head was cut and capped on 3/20/2019. The entire flow line (910 Feet) was removed on 3/19/2019.
MILLER RED X 31-2D 05-123-16389 FLOWLINE MILLER RED X 31-2D

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

Signed: _____ Date: 04/12/2019 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: 4/12/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402005994	Form44 Submitted

Total Attach: 1 Files