

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:

402006116

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: 332574 Location Type: Production Facilities
Name: HSR-SHARKEY-64N67W Number: 35SWNE
County: WELD
Qtr Qtr: SWNE Section: 35 Township: 4N Range: 67W Meridian: 6
Latitude: 40.270060 Longitude: -104.855580

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463889 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.270104 Longitude: -104.855566 PDOP: Measurement Date: 11/13/2017
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 332574 Location Type: Well Site [] No Location ID
Name: HSR-SHARKEY-64N67W Number: 35SWNE
County: WELD
Qtr Qtr: SWNE Section: 35 Township: 4N Range: 67W Meridian: 6
Latitude: 40.270060 Longitude: -104.855580

Flowline Start Point Riser

Latitude: 40.270087 Longitude: -104.855585 PDOP: 1.4 Measurement Date: 11/13/2017
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: 11/12/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____


OPERATOR COMMENTS AND SUBMITTAL

Comments The Sharkey 7-35 P&A is complete. The well head was cut and capped on 4/4/2019. 5 feet of flow line was removed at that time, the rest of the flow line has stayed in place because it was shared with the Platte 25-35.
SHARKEY 7-35 05-123-20416 FLOWLINE-HSR-SHARKEY 7-35
The equipment chosen at the end point of the flow line was a manifold, since this seemed to be the best option and the PLATTE 25-35 line that was shared is still in service.

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>
402006116	Form44 Submitted

Total Attach: 1 Files