

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

04/22/2019

Document Number:

402016381

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: 327795 Location Type: Production Facilities
Name: FRANK-63N65W-TANK Number: 21SESW
County: WELD
Qtr Qtr: SESW Section: 21 Township: 3N Range: 65W Meridian: 6
Latitude: 40.206069 Longitude: -104.670402

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.206069 Longitude: -104.670402 PDOP: Measurement Date: 04/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327795 Location Type: Well Site [] No Location ID
Name: FRANK-63N65W Number: 21SWSW
County: WELD
Qtr Qtr: SWSW Section: 21 Township: 3N Range: 65W Meridian: 6
Latitude: 40.205721 Longitude: -104.674756

Flowline Start Point Riser

Latitude: 40.205742 Longitude: -104.674793 PDOP: Measurement Date: 04/11/2019
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: 10/17/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments A section of flow line was removed for this well during other work activities on 4/1/2019. The rest of the flow line is still in place due to other lines being in the vicinity.
FRANK H 21-13 05-123-15160 FRANK H 21-13

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 04/22/2019 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

Att Doc Num	Name
402016384	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files