

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

04/22/2019

Document Number:

402016642

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: 306679 Location Type: Production Facilities
Name: PLATTE-63N67W Number: 2SENE
County: WELD
Qtr Qtr: SENE Section: 2 Township: 3N Range: 67W Meridian: 6
Latitude: 40.254369 Longitude: -104.853454

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464067 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.254238 Longitude: -104.853321 PDOP: Measurement Date: 11/28/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332545 Location Type: Well Site [] No Location ID
Name: HSR-SHARKEY-63N67W Number: 2NWSE
County: WELD
Qtr Qtr: NWSE Section: 2 Township: 3N Range: 67W Meridian: 6
Latitude: 40.252380 Longitude: -104.855950

Flowline Start Point Riser

Latitude: 40.252366 Longitude: -104.855940 PDOP: Measurement Date: 11/28/2018
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: 01/22/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____


OPERATOR COMMENTS AND SUBMITTAL

Comments The entire flow line (1,600 Feet) was removed on 4/10/2019 during other work activities.
SHARKEY 10-2A 512320425 FL HSR-SHARKEY 10-2A

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: 4/23/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402016642	Form44 Submitted

Total Attach: 1 Files