

State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

04/22/2019

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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 ☒ No ☐

**OFF LOCATION FLOWLINE****FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 318013 Location Type: Production Facilities  
Name: ADAM GABEL GAS UNIT-61N66W Number: 8SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 8 Township: 1N Range: 66W Meridian: 6  
Latitude: 40.068480 Longitude: -104.796930

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 464073 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.068727 Longitude: -104.796544 PDOP: Measurement Date: 02/14/2015  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 318013 Location Type: Well Site ☐ No Location ID  
Name: ADAM GABEL GAS UNIT-61N66W Number: 8SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 8 Township: 1N Range: 66W Meridian: 6  
Latitude: 40.068480 Longitude: -104.796930

**Flowline Start Point Riser**

Latitude: 40.068505 Longitude: -104.796953 PDOP: Measurement Date: 02/14/2015  
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: 01/05/1996  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

The Gabel Adam GU 1 P&A is complete. The well head was cut and capped on 4/12/2019. The flow line and tank battery were both removed prior to the cut and cap by another crew.  
GABEL ADAM GU 1 05-123-08183 GABEL ADAMS GU #1

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****Att Doc Num****Name**

402016536

Form44 Submitted

Total Attach: 1 Files