

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

03/18/2019

Document Number:

401976148

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: 464086 Location Type: Production Facilities
Name: HSR-KNOX-65N67W-TANK Number: 3NWSE
County: WELD
Qtr Qtr: NWSE Section: 3 Township: 5N Range: 67W Meridian: 6
Latitude: 40.425415 Longitude: -104.878883

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464088 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.425415 Longitude: -104.878883 PDOP: 2.1 Measurement Date: 07/14/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332954 Location Type: Well Site [] No Location ID
Name: HSR-KNOX-65N67W Number: 3NWSE
County: WELD
Qtr Qtr: NWSE Section: 3 Township: 5N Range: 67W Meridian: 6
Latitude: 40.427200 Longitude: -104.877620

Flowline Start Point Riser

Latitude: 40.427057 Longitude: -104.877476 PDOP: 1.7 Measurement Date: 07/14/2017
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: 11/25/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____


OPERATOR COMMENTS AND SUBMITTAL

Comments The Shur View 23-3 P&A is complete. The well head was cut and capped on 2/23/2019. The entire flow line (888 Feet) was removed on 3/11/2019. The entire tank battery was removed on 3/11/2019.
SHUR VIEW 23-3 05-123-24195 FL SHUR VIEW 23-3

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 03/18/2019 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>
401976148	Form44 Submitted

Total Attach: 1 Files