

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:

04/23/2019

Document Number:

402017554

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: 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: 464074 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.254291 Longitude: -104.853320 PDOP: 1.5 Measurement Date: 11/01/2017
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: 40.252522 Longitude: -104.855975 PDOP: 1.2 Measurement Date: 11/01/2017
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: 08/26/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 04/10/2019

Description of Abandonment

The Platte 25-2 P&A is complete. The well head was cut and capped on 4/12/2019. The entire flow line (1,607 Feet) was removed on 4/10/2019.
PLATTE 25-2 05-123-25710 FLOWLINE PLATTE 25-2

FLOWLINE FACILITY INFORMATION

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

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: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service**OPERATOR COMMENTS AND SUBMITTAL**

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 04/23/2019 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: 4/24/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402017554	Form44 Submitted

Total Attach: 1 Files