

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

04/12/2019

Document Number:

402006086

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: 464146 Location Type: Production Facilities
Name: HSR-CLARK-64N68W-TANK Number: 12SWSE
County: WELD
Qtr Qtr: SWSE Section: 12 Township: 4N Range: 68W Meridian: 6
Latitude: 40.320939 Longitude: -104.949877

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464147 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.320939 Longitude: -104.949877 PDOP: 1.5 Measurement Date: 12/10/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331323 Location Type: Well Site [] No Location ID
Name: HSR-CLARK-64N68W Number: 13SWNE
County: WELD
Qtr Qtr: SWNE Section: 13 Township: 4N Range: 68W Meridian: 6
Latitude: 40.315080 Longitude: -104.949560

Flowline Start Point Riser

Latitude: 40.315079 Longitude: -104.949560 PDOP: 1.1 Measurement Date: 12/07/2017
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: 01/04/2010
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The HSR-Clark P&A is complete. The well head was cut and capped on 4/3/2019. 15 feet of flow line was removed at the well head but the left was filled with cement and left in place per the land owner's request.
 HSR-CLARK 7-13 05-123-20496 FLOWLINE CLARK 7-13

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
 Signed: _____ Date: 04/12/2019 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: 4/25/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402006086	Form44 Submitted
402006091	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files