

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 04/25/2019 Document Number: 402021982

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: 332914 Location Type: Production Facilities
Name: STATE OF COLORADO AP-62N66W-TANK Number: 16SESE
County: WELD
Qtr Qtr: SESE Section: 16 Township: 2N Range: 66W Meridian: 6
Latitude: 40.133725 Longitude: -104.775408

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.133725 Longitude: -104.775408 PDOP: Measurement Date: 06/29/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332914 Location Type: Well Site [] No Location ID
Name: STATE OF COLORADO AP-62N66W Number: 16NESE
County: WELD
Qtr Qtr: NESE Section: 16 Township: 2N Range: 66W Meridian: 6
Latitude: 40.136490 Longitude: -104.775130

Flowline Start Point Riser

Latitude: 40.136234 Longitude: -104.775349 PDOP: Measurement Date: 06/29/2018
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: 07/22/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.133716 Longitude: -104.775413 PDOP: _____ Measurement Date: 06/29/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305417 Location Type: Well Site No Location ID
Name: MAYER STATE-62N66W Number: 16SESE
County: WELD
Qtr Qtr: SESE Section: 16 Township: 2N Range: 66W Meridian: 6
Latitude: 40.132320 Longitude: -104.774650

Flowline Start Point Riser

Latitude: 40.132304 Longitude: -104.774638 PDOP: _____ Measurement Date: 06/29/2018
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: 07/22/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Mayer State 16-16 P&A is complete. The well head was cut and capped on 3/11/2019. The entire flow line (577 Feet) was removed on 4/8/2019. The entire tank battery was removed on 4/8/2019.
MAYER STATE 16-16 05-123-22942 FL-MAYER STATE 16-16

The Mayer State 9-16 P&A is complete. The well head was cut and capped on 3/11/2019. The entire flow line (929 Feet) was removed on 4/8/2019,
MAYER STATE 9-16 05-123-22075 FL-MAYER STATE 9-16

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

Attachment Check List

Att Doc Num

Name

Att Doc Num	Name

Total Attach: 0 Files