

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

04/26/2019

Document Number:

402023115

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: 327259 Location Type: Production Facilities
Name: COMO Number: 13N-14HZ
County: WELD
Qtr Qtr: SWNW Section: 11 Township: 1N Range: 68W Meridian: 6
Latitude: 40.068488 Longitude: -104.975281

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458316 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.067850 Longitude: -104.975446 PDOP: Measurement Date: 06/04/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327259 Location Type: Well Site [] No Location ID
Name: COMO Number: 13N-14HZ
County: WELD
Qtr Qtr: SWNW Section: 11 Township: 1N Range: 68W Meridian: 6
Latitude: 40.068488 Longitude: -104.975281

Flowline Start Point Riser

Latitude: 40.068482 Longitude: -104.975271 PDOP: Measurement Date: 06/04/2018
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: 10/01/1999
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/01/2018

Description of Abandonment

C&C on 6/1/2018, a small section of flow line was removed on 6/1/2018 and the remaining flow line has been left in place due to other flow lines in the area.
WRIGHT USX UU 11-5 05-123-14401 FLOW LINE WRIGHT USX UU 11-5

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: 04/26/2019 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

<u>Att Doc Num</u>	<u>Name</u>
402023118	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files