

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:

05/03/2019

Document Number:

402031539

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: 423806 Location Type: Production Facilities
Name: HOWARD TANK BATTERY Number: 23-29
County: WELD
Qtr Qtr: SESE Section: 29 Township: 1N Range: 67W Meridian: 6
Latitude: 40.017168 Longitude: -104.907344

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.017260 Longitude: -104.907452 PDOP: 1.3 Measurement Date: 09/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327584 Location Type: Well Site [] No Location ID
Name: HOWARD Number: 23-29
County: WELD
Qtr Qtr: SWSE Section: 29 Township: 1N Range: 67W Meridian: 6
Latitude: 40.017740 Longitude: -104.909710

Flowline Start Point Riser

Latitude: 40.017785 Longitude: -104.909397 PDOP: 1.3 Measurement Date: 09/11/2017
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: 12/20/2011
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: 40.017228 Longitude: -104.907516 PDOP: 1.3 Measurement Date: 09/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327584 Location Type: Well Site No Location ID
Name: HOWARD Number: 23-29
County: WELD
Qtr Qtr: SWSE Section: 29 Township: 1N Range: 67W Meridian: 6
Latitude: 40.017740 Longitude: -104.909710

Flowline Start Point Riser

Latitude: 40.017870 Longitude: -104.909623 PDOP: 1.3 Measurement Date: 09/11/2017
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: 12/20/2011
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: 40.017253 Longitude: -104.907520 PDOP: 1.3 Measurement Date: 09/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327584 Location Type: Well Site No Location ID
Name: HOWARD Number: 23-29
County: WELD
Qtr Qtr: SWSE Section: 29 Township: 1N Range: 67W Meridian: 6
Latitude: 40.017740 Longitude: -104.909710

Flowline Start Point Riser

Latitude: 40.017834 Longitude -104.909527 PDOP: 1.3 Measurement Date: 09/11/2017

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: 01/12/2012
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: 40.017222 Longitude: -104.907578 PDOP: 1.3 Measurement Date: 09/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327584 Location Type: _____ Well Site No Location ID
Name: HOWARD Number: 23-29
County: WELD
Qtr Qtr: SWSE Section: 29 Township: 1N Range: 67W Meridian: 6
Latitude: 40.017740 Longitude: -104.909710

Flowline Start Point Riser

Latitude: 40.017750 Longitude -104.909701 PDOP: 1.3 Measurement Date: 09/11/2017
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: 06/01/1997
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: 40.017234 Longitude: -104.907449 PDOP: 1.3 Measurement Date: 09/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327584 Location Type: _____ Well Site No Location ID
Name: HOWARD Number: 23-29
County: WELD

Qtr Qtr: SWSE Section: 29 Township: 1N Range: 67W Meridian: 6
Latitude: 40.017740 Longitude: -104.909710

Flowline Start Point Riser

Latitude: 40.017823 Longitude -104.909495 PDOP: 1.3 Measurement Date: 09/11/2017
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: 12/20/2011
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: 40.017244 Longitude: -104.907524 PDOP: 1.3 Measurement Date: 09/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327584 Location Type: Well Site No Location ID
Name: HOWARD Number: 23-29
County: WELD
Qtr Qtr: SWSE Section: 29 Township: 1N Range: 67W Meridian: 6
Latitude: 40.017740 Longitude: -104.909710

Flowline Start Point Riser

Latitude: 40.017846 Longitude -104.909558 PDOP: 1.3 Measurement Date: 09/11/2017
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: 12/20/2011
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: 40.017242 Longitude: -104.907456 PDOP: 1.3 Measurement Date: 09/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327584 Location Type: Well Site No Location ID

Name: HOWARD Number: 23-29

County: WELD

Qtr Qtr: SWSE Section: 29 Township: 1N Range: 67W Meridian: 6

Latitude: 40.017740 Longitude: -104.909710

Flowline Start Point Riser

Latitude: 40.017810 Longitude -104.909463 PDOP: 1.3 Measurement Date: 09/11/2017

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: 12/20/2011

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: 40.017251 Longitude: -104.907458 PDOP: 1.6 Measurement Date: 09/11/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327584 Location Type: Well Site No Location ID

Name: HOWARD Number: 23-29

County: WELD

Qtr Qtr: SWSE Section: 29 Township: 1N Range: 67W Meridian: 6

Latitude: 40.017740 Longitude: -104.909710

Flowline Start Point Riser

Latitude: 40.017797 Longitude -104.909431 PDOP: 4.1 Measurement Date: 09/11/2017

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: 05/10/2012

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: 40.017236 Longitude: -104.907523 PDOP: 1.3 Measurement Date: 09/11/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327584 Location Type: Well Site No Location ID

Name: HOWARD Number: 23-29

County: WELD

Qtr Qtr: SWSE Section: 29 Township: 1N Range: 67W Meridian: 6

Latitude: 40.017740 Longitude: -104.909710

Flowline Start Point Riser

Latitude: 40.017858 Longitude: -104.909591 PDOP: 1.3 Measurement Date: 09/11/2017

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: 12/20/2011

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments

The Howard 9-29 P&A is complete. The well head was cut and capped on 3/28/2019. The entire flow line (697 Feet) was removed on 4/26/2019
HOWARD 9-29 05-123-33744 HOWARD 9-29 FLOWLINE
The Howard 10-29 P&A is complete. The well head was cut and capped on 3/28/2019. The entire flow line (648 Feet) was removed on 4/26/2019.
HOWARD 10-29 05-123-33740 HOWARD 10-29 FLOWLINE
The Howard 23-29 P&A is complete. The well head was cut and capped on 3/28/2019. The entire flow line (689 Feet) was removed on 4/26/2019.
HOWARD 23-29 05-123-33734 HOWARD 23-29 FLOWLINE
The Howard 16-29 P&A is complete. The well head was cut and capped on 3/27/2019. The entire flow line (638 Feet) was removed on 4/26/2019.
HOWARD 16-29 05-123-33741 HOWARD 16-29 FLOWLINE
The Howard 15-29 P&A is complete. The well head was cut and capped on 3/27/2019. The entire flow line (690 Feet) was removed on 4/26/2019
HOWARD 15-29 05-123-33736 HOWARD 15-29 FLOWLINE
The Howard 24-29 P&A is complete. The well head was cut and capped on 3/28/2019. The entire flow line (701 Feet) was removed on 4/26/2019. The separator was also removed on 4/26/2019.
HOWARD 24-29 05-123-33739 HOWARD 24-29 FLOWLINE
The Howard 37-29 P&A is complete. The well head was cut and capped on 3/27/2019. The entire flow line (692 Feet) was removed on 4/26/2019.
HOWARD 37-29 05-123-33735 HOWARD 37-29 FLOWLINE
The Howard 39-29 P&A is complete. The well head was cut and capped on 3/27/2019. The entire flow line (693 Feet) was removed on 4/26/2019. The separator tied to this well was removed on 4/26/2019.
HOWARD 39-29 05-123-33730 HOWARD 39-29 FLOWLINE
The UPRR 43 Pan Am L #2 P&A has NOT been completed yet. The flow line (690 Feet) was removed on 4/26/2019. The entire tank battery was removed on 4/12/2019. The well head will be cut and capped once rig has moved off of location.
UPRR 43 PAN AM L #2 05-123-14894 UPRR 43 PAN AM "L" #2 FLOWLINE

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

Signed: _____ Date: 05/03/2019 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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files