

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/08/2019

Document Number:

402031612

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: 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:

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 REMOVAL FROM SERVICE

Date: 04/10/2019

Description of Removal from Service

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: 04/10/2019

Description of Removal from Service

The entire flow line (1,600 Feet) was removed on 4/10/2019 during other work activities.
SHARKEY 10-2A 512320425 FL HSR-SHARKEY 10-2A

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464303 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**Latitude: 40.254293 Longitude: -104.853335 PDOP: _____ Measurement Date: 11/28/2018Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 329874 Location Type: _____ Well Site No Location IDName: HSR-SCOTTDAL RANCHES-63N67W Number: 2SWNECounty: WELDQtr Qtr: SWNE Section: 2 Township: 3N Range: 67W Meridian: 6Latitude: 40.256681 Longitude: -104.855122**Flowline Start Point Riser**Latitude: 40.256681 Longitude -104.855122 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: 03/31/1994

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: 464304 Flowline Type: Wellhead Line Action Type: Registration**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.254272 Longitude: -104.853329 PDOP: 1.6 Measurement Date: 11/01/2017Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 306679 Location Type: _____ Well Site No Location IDName: PLATTE-63N67W Number: 2SENECounty: WELDQtr Qtr: SENE Section: 2 Township: 3N Range: 67W Meridian: 6Latitude: 40.254369 Longitude: -104.853454**Flowline Start Point Riser**Latitude: 40.254558 Longitude -104.853441 PDOP: 1.5 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: 08/27/2008

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Platte 24-2 P&A is complete. The well head was cut and capped on 4/25/2019. The entire flow line (109 Feet) was removed on 4/10/2019.
PLATTE 24-2 05-123-25107 FLOWLINE PLATTE 24-2

UPDATE....The remaining section of flow line for the HSR-Scottsdale Ranch 7-2 (459 Feet) was removed during other work activities on 4/10/2019.
HSR-SCOTTSDALE RANCH 7-2 512317969 HSR-SCOTTDALE RANCHES 7-2

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

Signed: _____ Date: 05/08/2019 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: 5/8/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402031612	Form44 Submitted
402031613	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files