

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/03/2019

Document Number:

402031628

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: 440427 Location Type: Production Facilities
Name: HUNZIKER Number: 27C-4HZ
County: WELD
Qtr Qtr: SWSE Section: 28 Township: 2N Range: 67W Meridian: 6
Latitude: 40.103229 Longitude: -104.892120

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462942 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.102591 Longitude: -104.891981 PDOP: Measurement Date: 01/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319196 Location Type: Well Site [] No Location ID
Name: MARTIN T. HART UNIT C-62N67W Number: 28SWSE
County: WELD
Qtr Qtr: SWSE Section: 28 Township: 2N Range: 67W Meridian: 6
Latitude: 40.104770 Longitude: -104.892220

Flowline Start Point Riser

Latitude: 40.104770 Longitude: -104.892220 PDOP: 1.7 Measurement Date: 01/11/2018
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: 03/03/1995
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 02/07/2019

Description of Removal from Service

The Martin Hart Unit C 2 P&A is complete. The well head was cut and capped on 1/31/2019. The entire flow line (1,005 Feet) was removed on 2/7/2019.
MARTIN HART UNIT C 2 05-123-10849 FLOWLINE-HART MARTIN UNIT "C" #2

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464314 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.102361 Longitude: -104.891316 PDOP: _____ Measurement Date: 10/27/2016
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 440427 Location Type: Well Site No Location ID
Name: HUNZIKER Number: 27C-4HZ
County: WELD
Qtr Qtr: SWSE Section: 28 Township: 2N Range: 67W Meridian: 6
Latitude: 40.103229 Longitude: -104.892120

Flowline Start Point Riser

Latitude: 40.103228 Longitude: -104.891818 PDOP: _____ Measurement Date: 10/27/2016
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: 11/07/2015
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Hunziker 26C-4HZ P&A is complete. The well head was cut and capped on 4/25/2019. The entire flow line has been left in place due to vicinity with other lines.
HUNZIKER 26C-4HZ 05-123-40888 HUNZIKER 26N-28HZ

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: 5/8/2019

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|-------------------------|
| 402031628 | Form44 Submitted |
| 402031630 | FLOWLINE LAYOUT DRAWING |

Total Attach: 2 Files