

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

05/03/2019

Document Number:

402031687

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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 421579 Location Type: Production Facilities
Name: CAMENISCH P Number: 04-32D TANK
County: WELD
Qtr Qtr: NENE Section: 5 Township: 3N Range: 67W Meridian: 6
Latitude: 40.261970 Longitude: -104.905130

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.262098 Longitude: -104.905124 PDOP: 1.2 Measurement Date: 11/27/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327265 Location Type: Well Site ☐ No Location ID
Name: SPAUR-63N67W Number: 5NENE
County: WELD
Qtr Qtr: NENE Section: 5 Township: 3N Range: 67W Meridian: 6
Latitude: 40.259580 Longitude: -104.908530

Flowline Start Point Riser

Latitude: 40.259577 Longitude: -104.908521 PDOP: 1.3 Measurement Date: 11/27/2017
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: 01/24/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Spaur 1-5 P&A is complete. The well head was cut and capped on 4/24/2019. The entire flow line has been left in place below ground until crops are out of the field (alfalfa).
SPAUR 1-5 05-123-14411 FLOWLINE SPAUR 1-5

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**

402031689	FLOWLINE LAYOUT DRAWING
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Total Attach: 1 Files