

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/20/2019

Document Number:

402049295

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: 458295 Location Type: Production Facilities
Name: WARNER-62N66W Number: 14SESE
County: WELD
Qtr Qtr: SESE Section: 14 Township: 2N Range: 66W Meridian: 6
Latitude: 40.131233 Longitude: -104.741774

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.131226 Longitude: -104.741764 PDOP: 1.6 Measurement Date: 02/12/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332231 Location Type: Well Site [] No Location ID
Name: WARNER-62N66W Number: 14NWSE
County: WELD
Qtr Qtr: NWSE Section: 14 Township: 2N Range: 66W Meridian: 6
Latitude: 40.136260 Longitude: -104.741960

Flowline Start Point Riser

Latitude: 40.136277 Longitude: -104.741993 PDOP: 1.3 Measurement Date: 02/12/2018
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: 01/06/2005
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458314 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.131233 Longitude: -104.741774 PDOP: 1.3 Measurement Date: 02/12/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332295 Location Type: Well Site No Location ID
Name: WARNER-62N66W Number: 14SESE
County: WELD
Qtr Qtr: SESE Section: 14 Township: 2N Range: 66W Meridian: 6
Latitude: 40.132830 Longitude: -104.737240

Flowline Start Point Riser

Latitude: 40.132821 Longitude: -104.737254 PDOP: 1.3 Measurement Date: 02/12/2018
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: 04/01/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 05/24/2018

Description of Removal from Service

WARNER 16-14 05-123-22103
C&C 5/15/2018, flowline removed 5/24/2018

OPERATOR COMMENTS AND SUBMITTAL

Comments The Warner 10-14 P&A is complete. The well head was cut and capped on 4/15/2019. The entire flow line (1,799 Feet) was removed on 5/2/2019.
WARNER 10-14 05-123-22002 FLOWLINE WARNER 10-14

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

Signed: _____ Date: 05/20/2019 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