

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/23/2019

Document Number:

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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: 435424 Location Type: Production Facilities
Name: DEEPE TANK BATTERY Number: 14N-27HZ
County: WELD
Qtr Qtr: NENW Section: 22 Township: 2N Range: 67W Meridian: 6
Latitude: 40.127782 Longitude: -104.878942

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462210 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.128220 Longitude: -104.878917 PDOP: 1.3 Measurement Date: 10/12/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331934 Location Type: Well Site [] No Location ID
Name: FRANCIS-62N67W Number: 22SWNW
County: WELD
Qtr Qtr: SWNW Section: 22 Township: 2N Range: 67W Meridian: 6
Latitude: 40.125040 Longitude: -104.884430

Flowline Start Point Riser

Latitude: 40.125039 Longitude: -104.884438 PDOP: 1.3 Measurement Date: 10/12/2018
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: 12/27/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 10/15/2018

Description of Removal from Service

The Francis 5-22A P&A is complete. The well head was cut and capped on 10/12/2018. A section of flow line was removed on 10/15/2018. The remaining piece was left in place due to other flow lines in vicinity.

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.128221 Longitude: -104.878929 PDOP: _____ Measurement Date: 12/10/2015
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319236 Location Type: _____ Well Site No Location ID
Name: CARL R. DEEPE-62N67W Number: 22CNW
County: WELD
Qtr Qtr: CNW Section: 22 Township: 2N Range: 67W Meridian: 6
Latitude: 40.127300 Longitude: -104.881410

Flowline Start Point Riser

Latitude: 40.127302 Longitude: -104.881405 PDOP: _____ Measurement Date: 12/10/2015
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: 06/21/1998
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Deepe Carl R 2 P&A is complete. The well head was cut and capped on 2/20/2019. The entire flow line (945 Feet) was removed on 5/20/2019
DEEPE CARL R 2 05-123-10913 DEEP CARL R#2

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

Signed: _____ Date: 05/23/2019 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