

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 12/16/2019 Document Number: 402264282

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: 46290 Contact Person: Mani Silva Company Name: KP KAUFFMAN COMPANY INC Phone: (303) 8254822 Address: 1675 BROADWAY, STE 2800 Email: regulatory@kpk.com City: DENVER State: CO Zip: 80202 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: Location Type: Manifold Name: Russell B & D Number: County: WELD Qtr Qtr: NESE Section: 25 Township: 2N Range: 68W Meridian: 6 Latitude: 40.107590 Longitude: -104.943390

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.107590 Longitude: -104.943390 PDOP: 1.4 Measurement Date: 07/26/2007 Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 336222 Location Type: Well Site [ ] No Location ID Name: TOM RUSSELL 'D'-62N68W Number: 25SWSE County: WELD Qtr Qtr: SWSE Section: 25 Township: 2N Range: 68W Meridian: 6 Latitude: 40.104123 Longitude: -104.949729

Flowline Start Point Riser

Latitude: 40.104100 Longitude: -104.949670 PDOP: 1.4 Measurement Date: 07/26/2007 Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: Native Materials Date Construction Completed: 03/13/1976  
Maximum Anticipated Operating Pressure (PSI): 10 Testing PSI: 12  
Test Date: 05/12/2017

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.107590 Longitude: -104.943390 PDOP: 1.7 Measurement Date: 07/26/2007  
Equipment at End Point Riser: Manifold

**Flowline Start Point Location Identification**

Location ID: 317688 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: THOMAS L. RUSSELL 'B'-62N68W Number: 25NESE  
County: WELD  
Qtr Qtr: NESE Section: 25 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.107682 Longitude: -104.944345

**Flowline Start Point Riser**

Latitude: 40.107680 Longitude -104.944350 PDOP: 1.7 Measurement Date: 07/26/2007  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: Native Materials Date Construction Completed: 11/06/1972  
Maximum Anticipated Operating Pressure (PSI): 10 Testing PSI: 12  
Test Date: 05/12/2017

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.107590 Longitude: -104.943390 PDOP: 1.7 Measurement Date: 07/26/2007  
Equipment at End Point Riser: Manifold

**Flowline Start Point Location Identification**

Location ID: 318281 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: THOMAL L. RUSSELL 'D'-62N68W Number: 25SESE  
County: WELD  
Qtr Qtr: SESE Section: 25 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.104184 Longitude: -104.944242

**Flowline Start Point Riser**

Latitude: 40.104180 Longitude -104.944240 PDOP: 1.7 Measurement Date: 07/26/2007

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000  
Bedding Material: Native Materials Date Construction Completed: 07/02/1976  
Maximum Anticipated Operating Pressure (PSI): 10 Testing PSI: 12  
Test Date: 05/12/2017

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.107590 Longitude: -104.943390 PDOP: 1.6 Measurement Date: 07/26/2007  
Equipment at End Point Riser: Manifold

**Flowline Start Point Location Identification**

Location ID: 318280 Location Type: Well Site  No Location ID  
Name: THOMAS L RUSSELL 'B'-62N68W Number: 25NWSE  
County: WELD  
Qtr Qtr: NWSE Section: 25 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.107788 Longitude: -104.949844

**Flowline Start Point Riser**

Latitude: 40.107760 Longitude -104.949900 PDOP: 1.6 Measurement Date: 07/26/2007  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 2.000  
Bedding Material: Native Materials Date Construction Completed: 07/05/1976  
Maximum Anticipated Operating Pressure (PSI): 10 Testing PSI: 12  
Test Date: 05/12/2017

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

The locations of the described flowlines are approximations based on employee's working knowledge of the oil and gas operations. Exact locations cannot be obtained due to flowline material.

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

Signed: \_\_\_\_\_ Date: 12/16/2019 Email: regulatory@kpk.com

Print Name: Mani Silva Title: Field Supervisor

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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402264395	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 1 Files