

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:

12/18/2019

Document Number:

402267366

## 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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

## OFF LOCATION FLOWLINE

## FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 318799 Location Type: Manifold  
Name: J.E. KIRKMEYER-61N67W Number: 30NENW  
County: WELD  
Qtr Qtr: NENW Section: 30 Township: 1N Range: 67W Meridian: 6  
Latitude: 40.027630 Longitude: -104.935530

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475315 Flowline Type: Wellhead Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.029190 Longitude: -104.934800 PDOP: 2.1 Measurement Date: 08/22/2007  
Equipment at End Point Riser: Manifold

## Flowline Start Point Location Identification

Location ID: 318842 Location Type: Well Site ☐ No Location ID  
Name: J.E. KIRKMEYER (NAV)-61N67W Number: 30SENV  
County: WELD  
Qtr Qtr: SENW Section: 30 Township: 1N Range: 67W Meridian: 6  
Latitude: 40.024040 Longitude: -104.935700

## Flowline Start Point Riser

Latitude: 40.024040 Longitude: -104.935700 PDOP: 2.1 Measurement Date: 08/22/2007  
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: 11/24/1980  
Maximum Anticipated Operating Pressure (PSI): 36 Testing PSI: 45  
Test Date: 05/11/2017

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 475316 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.029190 Longitude: -104.934800 PDOP: 2.0 Measurement Date: 08/22/2007

Equipment at End Point Riser: Manifold

**Flowline Start Point Location Identification**

Location ID: 318799 Location Type: Well Site ☐ No Location ID

Name: J.E. KIRKMEYER-61N67W Number: 30NENW

County: WELD

Qtr Qtr: NENW Section: 30 Township: 1N Range: 67W Meridian: 6

Latitude: 40.027630 Longitude: -104.935530

**Flowline Start Point Riser**

Latitude: 40.027630 Longitude: -104.935530 PDOP: 2.0 Measurement Date: 08/22/2007

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: 08/01/1980  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**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: 12/18/2019 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: 4/13/2020

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
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402267366	Form44 Submitted
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402267374	OFF-LOCATION FLOWLINE GEODATABASE SHP
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Total Attach: 2 Files