

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 12/20/2019 Document Number: 402269231

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: Milton Nelson A&B&C Number: County: WELD Qtr Qtr: NESW Section: 21 Township: 2N Range: 68W Meridian: 6 Latitude: 40.121640 Longitude: -105.011010

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.121640 Longitude: -105.011010 PDOP: 2.7 Measurement Date: 05/05/2017 Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 336262 Location Type: Well Site [] No Location ID Name: MILTON H. NELSON UNIT C-62N68W Number: 21SWSW County: WELD Qtr Qtr: SWSW Section: 21 Township: 2N Range: 68W Meridian: 6 Latitude: 40.118610 Longitude: -105.014760

Flowline Start Point Riser

Latitude: 40.118610 Longitude: -105.014760 PDOP: 2.7 Measurement Date: 05/05/2017 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: 08/02/1978
 Maximum Anticipated Operating Pressure (PSI): 15 Testing PSI: 19
 Test Date: 11/29/2018

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.121640 Longitude: -105.011010 PDOP: 2.7 Measurement Date: 05/05/2017
 Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 336292 Location Type: _____ Well Site No Location ID
 Name: STROMQUIST-62N68W Number: 21SESW
 County: WELD
 Qtr Qtr: SESW Section: 21 Township: 2N Range: 68W Meridian: 6
 Latitude: 40.118528 Longitude: -105.010494

Flowline Start Point Riser

Latitude: 40.118610 Longitude -105.010640 PDOP: 2.7 Measurement Date: 05/05/2017
 :
 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: 08/08/1978
 Maximum Anticipated Operating Pressure (PSI): 31 Testing PSI: 38
 Test Date: 11/15/2018

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.121640 Longitude: -105.011010 PDOP: 2.7 Measurement Date: 05/05/2017
 Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 336214 Location Type: _____ Well Site No Location ID
 Name: Nelson-Stromquist Number: 11-21-13H
 County: WELD
 Qtr Qtr: NESW Section: 21 Township: 2N Range: 68W Meridian: 6
 Latitude: 40.122281 Longitude: -105.010472

Flowline Start Point Riser

Latitude: 40.122380 Longitude -105.010600 PDOP: 2.7 Measurement Date: 05/05/2017

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: 07/17/1977

Maximum Anticipated Operating Pressure (PSI): 25 Testing PSI: 31

Test Date: 05/30/2019

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: 12/20/2019 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

Att Doc Num	Name
402269235	PRESSURE TEST
402269241	PRESSURE TEST
402269251	PRESSURE TEST
402269253	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 4 Files