

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: 01/30/2020 Document Number: 402291106

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 320712 Location Type: Production Facilities Name: DOROUGH-STATE-64S57W Number: 16NESE County: ARAPAHOE Qtr Qtr: NESE Section: 16 Township: 4S Range: 57W Meridian: 6 Latitude: 39.702100 Longitude: -103.764240

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475550 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.697020 Longitude: -103.763810 PDOP: 2.7 Measurement Date: 05/01/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320712 Location Type: Well Site [] No Location ID Name: DOROUGH-STATE-64S57W Number: 16NESE County: ARAPAHOE Qtr Qtr: NESE Section: 16 Township: 4S Range: 57W Meridian: 6 Latitude: 39.702100 Longitude: -103.764240

Flowline Start Point Riser

Latitude: 39.702100 Longitude: -103.764240 PDOP: 2.7 Measurement Date: 05/01/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 06/15/1976
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. Operator is able to provide an exact location upon request.
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 01/30/2020 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: 4/20/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402291106	Form44 Submitted
402291116	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files