

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

02/20/2019

Document Number:

401813676

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: Susana Lara-Mesa
Company Name: KP KAUFFMAN COMPANY INC Phone: (303) 825-4822
Address: 1675 BROADWAY, STE 2800 Email: slaramesa@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: 318014 Location Type: Gathering Line
Name: STATE-62N68W Number: 36SWSW
County: WELD
Qtr Qtr: SWSW Section: 36 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089522 Longitude: -104.958881

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.093936 Longitude: -104.954741 PDOP: Measurement Date: 01/25/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 336096 Location Type: Well Site [] No Location ID
Name: STATE-62N68W Number: 36SWSE
County: WELD
Qtr Qtr: SWSE Section: 36 Township: 2N Range: 68W Meridian: 6
Latitude: 40.090010 Longitude: -104.949280

Flowline Start Point Riser

Latitude: 40.090010 Longitude: -104.949280 PDOP: Measurement Date: 02/20/2007
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 10/19/2018
Maximum Anticipated Operating Pressure (PSI): 18 Testing PSI: 23
Test Date: 12/06/2018

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.093936 Longitude: -104.954741 PDOP: _____ Measurement Date: 01/25/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 336143 Location Type: _____ Well Site No Location ID
Name: STATE-62N68W Number: 36SESW
County: WELD
Qtr Qtr: SESW Section: 36 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089490 Longitude: -104.954030

Flowline Start Point Riser

Latitude: 40.089497 Longitude -104.954155 PDOP: _____ Measurement Date: 02/20/2007
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 11/12/2018
Maximum Anticipated Operating Pressure (PSI): 18 Testing PSI: 24
Test Date: 12/06/2018

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.093936 Longitude: -104.954741 PDOP: _____ Measurement Date: 01/25/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 318014 Location Type: _____ Well Site No Location ID
Name: STATE-62N68W Number: 36SWSW
County: WELD
Qtr Qtr: SWSW Section: 36 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089522 Longitude: -104.958881

Flowline Start Point Riser

Latitude: 40.089522 Longitude -104.958881 PDOP: _____ Measurement Date: 02/17/2007

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 11/12/2018

Maximum Anticipated Operating Pressure (PSI): 18 Testing PSI: 38

Test Date: 11/20/2018

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 02/20/2019 Email: slaramesa@kpk.com

Print Name: Susana Lara-Mesa Title: VP Meeting

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

<u>Att Doc Num</u>	<u>Name</u>
401920697	PRESSURE TEST
401920698	PRESSURE TEST
401920699	PRESSURE TEST
401945777	FLOWLINE LAYOUT DRAWING

Total Attach: 4 Files