

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:

02/28/2020

Document Number:

402221106

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610

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: 302685 Location Type: Production Facilities
Name: KOESTER Number: 3-33-3
County: WELD
Qtr Qtr: NENW Section: 33 Township: 4N Range: 67W Meridian: 6
Latitude: 40.276100 Longitude: -104.896220

Description of Corrosion Protection

Description of Integrity Management Program

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475965 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302685 Location Type: Well Site ☐
Name: KOESTER Number: 3-33-3
County: WELD No Location ID
Qtr Qtr: NENW Section: 33 Township: 4N Range: 67W Meridian: 6

Latitude: 40.276100 Longitude: -104.896220

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 07/10/2012
Maximum Anticipated Operating Pressure (PSI): 160 Testing PSI: 200
Test Date: 12/19/2018

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475966 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302685 Location Type: Well Site ☐
Name: KOESTER Number: 3-33-3
County: WELD No Location ID
Qtr Qtr: NENW Section: 33 Township: 4N Range: 67W Meridian: 6
Latitude: 40.276100 Longitude: -104.896220

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 06/01/2012
Maximum Anticipated Operating Pressure (PSI): 120 Testing PSI: 150
Test Date: 12/19/2018

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475967 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302685 Location Type: Well Site ☐
Name: KOESTER Number: 3-33-3
County: WELD No Location ID
Qtr Qtr: NENW Section: 33 Township: 4N Range: 67W Meridian: 6
Latitude: 40.276100 Longitude: -104.896220

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 09/03/2011
Maximum Anticipated Operating Pressure (PSI): 140 Testing PSI: 175

Test Date: 12/19/2018

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.

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

Signed: _____ Date: 02/28/2020 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: 4/29/2020

Attachment Check List

Att Doc Num	Name
402221106	Form44 Submitted
402243777	PRESSURE TEST
402243778	PRESSURE TEST
402243780	PRESSURE TEST
402327009	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 5 Files