

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: 11/19/2019 Document Number: 402221132

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: Production Facilities
Name: Koshio Number:
County: WELD
Qtr Qtr: SWNW Section: 36 Township: 2N Range: 67W Meridian: 6
Latitude: 40.096120 Longitude: -104.847150

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.096120 Longitude: -104.847150 PDOP: 1.9 Measurement Date: 07/23/2007
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332953 Location Type: Well Site [] No Location ID
Name: KOSHIO-62N67W Number: 36SWNW
County: WELD
Qtr Qtr: SWNW Section: 36 Township: 2N Range: 67W Meridian: 6
Latitude: 40.096128 Longitude: -104.846793

Flowline Start Point Riser

Latitude: 40.096150 Longitude: -104.846800 PDOP: 1.9 Measurement Date: 07/23/2007
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: 04/15/1977
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.096140 Longitude: -104.847160 PDOP: 2.7 Measurement Date: 07/23/2007
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333132 Location Type: _____ Well Site No Location ID
Name: KOSHIO-62N67W Number: 36SEW
County: WELD
Qtr Qtr: SEW Section: 36 Township: 2N Range: 67W Meridian: 6
Latitude: 40.089015 Longitude: -104.841392

Flowline Start Point Riser

Latitude: 40.096580 Longitude -104.841360 PDOP: 2.7 Measurement Date: 07/23/2007
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: 09/28/1977
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: 11/19/2019 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**

402221177	OFF-LOCATION FLOWLINE GEODATABASE SHP
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Total Attach: 1 Files