

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: 11/07/2019 Document Number: 402227595

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: 1415 Corp Gas Unit B, G Number: County: WELD Qtr Qtr: SWSW Section: 14 Township: 2N Range: 67W Meridian: 6 Latitude: 40.132930 Longitude: -104.865380

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.132930 Longitude: -104.865380 PDOP: 2.7 Measurement Date: 07/31/2007 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332999 Location Type: Well Site [ ] No Location ID Name: 1415 CORP GAS UNIT G-62N67W Number: 14SESW County: WELD Qtr Qtr: SESW Section: 14 Township: 2N Range: 67W Meridian: 6 Latitude: 40.132360 Longitude: -104.860770

Flowline Start Point Riser

Latitude: 40.132360 Longitude: -104.860770 PDOP: 2.7 Measurement Date: 07/31/2007 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: 10/01/1991  
Maximum Anticipated Operating Pressure (PSI): 14 Testing PSI: 19  
Test Date: 06/11/2017

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.132930 Longitude: -104.865380 PDOP: 2.7 Measurement Date: 07/31/2007  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 317800 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: 1415 CORP GAS UNIT B-62N67W Number: 14SWSW  
County: WELD  
Qtr Qtr: SWSW Section: 14 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.132670 Longitude: -104.865120

**Flowline Start Point Riser**

Latitude: 40.132670 Longitude -104.865120 PDOP: 2.7 Measurement Date: 07/31/2007  
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: 08/12/1973  
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 29  
Test Date: 02/25/2019

**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: 11/07/2019 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**

<b>Att Doc Num</b>	<b>Name</b>
402227755	OFF-LOCATION FLOWLINE GEODATABASE SHP
402234066	PRESSURE TEST

Total Attach: 2 Files