

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:

03/17/2020

Document Number:

402252427

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: 476271 Location Type: Production Facilities
Name: STRONG Number: _____
County: WELD
Qtr Qtr: SESE Section: 22 Township: 5N Range: 66W Meridian: 6
Latitude: 40.380600 Longitude: -104.759520

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: 476274 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322570 Location Type: Well Site ☐
Name: STRONG-65N66W Number: 22SWSE
County: WELD No Location ID
Qtr Qtr: SWSE Section: 22 Township: 5N Range: 66W Meridian: 6

Latitude: 40.379615 Longitude: -104.763401

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: 03/04/1984
Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 125
Test Date: 12/28/2018

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476275 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332565 Location Type: Well Site ☐
Name: IFA Number: 16-22-38
County: WELD No Location ID
Qtr Qtr: SESE Section: 22 Township: 5N Range: 66W Meridian: 6
Latitude: 40.379600 Longitude: -104.758550

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: 01/11/1984
Maximum Anticipated Operating Pressure (PSI): 120 Testing PSI: 150
Test Date: 12/28/2018

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476276 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319516 Location Type: Well Site ☐
Name: STRONG-65N66W Number: 22NENE
County: WELD No Location ID
Qtr Qtr: NESE Section: 22 Township: 5N Range: 66W Meridian: 6
Latitude: 40.383260 Longitude: -104.758570

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: 12/06/2012
Maximum Anticipated Operating Pressure (PSI): 130 Testing PSI: 160

Test Date: 12/28/2018

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: 03/17/2020 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: 5/12/2020

Attachment Check List

Att Doc Num	Name
402252427	Form44 Submitted
402252497	PRESSURE TEST
402252514	PRESSURE TEST
402252516	PRESSURE TEST
402344801	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 5 Files