

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: 03/17/2020 Document Number: 402254032

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 320516 Location Type: Production Facilities
Name: NORTH YORK-61S68W Number: 12NESW
County: ADAMS
Qtr Qtr: NESW Section: 12 Township: 1S Range: 68W Meridian: 6
Latitude: 39.978749 Longitude: -104.950314

Description of Corrosion Protection

[Empty text box for Corrosion Protection description]

Description of Integrity Management Program

[Empty text box for Integrity Management Program description]

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.

[Empty text box for construction method description]

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476396 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319889 Location Type: Well Site [ ]
Name: NORTH YORK-61S68W Number: 12NESW
County: ADAMS No Location ID
Qtr Qtr: NESW Section: 12 Township: 1S Range: 68W Meridian: 6

Latitude: 39.977459 Longitude: -104.952294

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: 07/01/1977  
Maximum Anticipated Operating Pressure (PSI): 16 Testing PSI: 20  
Test Date: 12/08/2018

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 476397 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 319889 Location Type: Well Site   
Name: NORTH YORK-61S68W Number: 12NESW  
County: ADAMS No Location ID  
Qtr Qtr: NESW Section: 12 Township: 1S Range: 68W Meridian: 6  
Latitude: 39.977459 Longitude: -104.952294

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: 10/08/2004  
Maximum Anticipated Operating Pressure (PSI): 160 Testing PSI: 200  
Test Date: 12/08/2018

**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: 5/14/2020

**Attachment Check List**

Att Doc Num	Name
402254032	Form44 Submitted

402254076	PRESSURE TEST
402345181	OFF-LOCATION FLOWLINE GEODATABASE SHP
Total Attach: 3 Files	