

**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:

06/22/2018

Document Number:

401683145

**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: 47120 Contact Person: CANDICE BARBER  
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (970) 515-1671  
Address: P O BOX 173779 Email: CANDICE.BARBER@ANADARKO.COM  
City: DENVER State: CO Zip: 80217-3779  
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: 317898 Location Type: Production Facilities  
Name: LANSONS FARMS-62N68W Number: 35NESW  
County: WELD  
Qtr Qtr: NESW Section: 35 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.093108 Longitude: -104.972903

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 456084 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.092640 Longitude: -104.973582 PDOP: 1.4 Measurement Date: 08/01/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336181 Location Type: Well Site ☐ No Location ID  
Name: LANSONS FARM/NAV/-62N68W Number: 35NESW  
County: WELD  
Qtr Qtr: NESW Section: 35 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.092010 Longitude: -104.974150

**Flowline Start Point Riser**

Latitude: 40.092167 Longitude: -104.973854 PDOP: 2.5 Measurement Date: 08/01/2017  
Equipment at Start Point Riser: Well

### **Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_

Bedding Material: \_\_\_\_\_ Date Construction Completed: 06/16/2009

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

### **OPERATOR COMMENTS AND SUBMITTAL**

Comments cut and capped on 5/24/18. A small section of flow line was removed on 6/11/2018. The remaining flow line was left in place due to other flow lines being in the area. We will remove when P&A of the location is completed.  
NELSON 11-35

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

Signed: \_\_\_\_\_ Date: 06/22/2018 Email: CANDICE.BARBER@ANADARKO.COM

Print Name: CANDICE BARBER Title: REGULATORY ANALYST

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: 7/19/2018

## Conditions of Approval

COA Type

Description

## Attachment Check List

Att Doc Num

Name

401683145

Form 44 Approved-O

Total Attach: 1 Files

## General Comments

User Group

Comment

Comment Date

Stamp Upon  
Approval

Total: 0 comment(s)

