

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 11/20/2019 Document Number: 402222475

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: McCoy-Wooley Number: County: WELD Qtr Qtr: NWSW Section: 14 Township: 2N Range: 67W Meridian: 6 Latitude: 40.136320 Longitude: -104.863900

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.136320 Longitude: -104.863900 PDOP: 3.5 Measurement Date: 07/31/2007 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336349 Location Type: Well Site [] No Location ID Name: WOOLEY-62N67W Number: 14NWSW County: WELD Qtr Qtr: NWSW Section: 14 Township: 2N Range: 67W Meridian: 6 Latitude: 40.135770 Longitude: -104.864230

Flowline Start Point Riser

Latitude: 40.135770 Longitude: -104.864230 PDOP: 3.5 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: 08/19/1992
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: 40.136320 Longitude: -104.863900 PDOP: 2.1 Measurement Date: 07/31/2007
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332918 Location Type: _____ Well Site No Location ID
Name: MCCOY PHILLIP-62N67W Number: 14NENW
County: WELD
Qtr Qtr: SWNW Section: 14 Township: 2N Range: 67W Meridian: 6
Latitude: 40.139949 Longitude: -104.865027

Flowline Start Point Riser

Latitude: 40.139950 Longitude -104.865020 PDOP: 2.1 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): 15 Testing PSI: 18
Test Date: 05/23/2017

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: 11/20/2019 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
402222481	AERIAL PHOTO
402222482	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files