

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/20/2019

Document Number:

402223695

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: Meredith Number:
County: WELD
Qtr Qtr: NESE Section: 26 Township: 2N Range: 68W Meridian: 6
Latitude: 40.107600 Longitude: -104.962650

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.107600 Longitude: -104.962650 PDOP: 1.7 Measurement Date: 08/17/2007
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333163 Location Type: Well Site [] No Location ID
Name: Sullivan Number: 26H-P268
County: WELD
Qtr Qtr: SESE Section: 26 Township: 2N Range: 68W Meridian: 6
Latitude: 40.104095 Longitude: -104.962853

Flowline Start Point Riser

Latitude: 40.104100 Longitude: -104.962850 PDOP: 1.7 Measurement Date: 08/17/2007
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: 04/09/1978
 Maximum Anticipated Operating Pressure (PSI): 21 Testing PSI: 25
 Test Date: 05/31/2017

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.107600 Longitude: -104.962650 PDOP: 2.3 Measurement Date: 08/17/2007
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333126 Location Type: _____ Well Site No Location ID
 Name: MEREDITH-62N68W Number: 26NESE
 County: WELD
 Qtr Qtr: NESE Section: 26 Township: 2N Range: 68W Meridian: 6
 Latitude: 40.107721 Longitude: -104.963267

Flowline Start Point Riser

Latitude: 40.107720 Longitude -104.963260 PDOP: 2.3 Measurement Date: 08/17/2007
 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: 03/10/1976
 Maximum Anticipated Operating Pressure (PSI): 27 Testing PSI: 32
 Test Date: 07/22/2015

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
402223707	AERIAL PHOTO
402223709	OFF-LOCATION FLOWLINE GEODATABASE SHP
402244458	PRESSURE TEST

Total Attach: 3 Files