

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: 04/23/2020 Document Number: 402289122

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 (CO811) that participates in Colorado's One Call notification system? Yes [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 318979 Location Type: Production Facilities Name: DORIS-61N64W Number: 34SWNW County: WELD Qtr Qtr: SWNW Section: 34 Township: 1N Range: 64W Meridian: 6 Latitude: 40.009550 Longitude: -104.543960

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478344 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.009540 Longitude: -104.543960 PDOP: 2.7 Measurement Date: 05/06/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318979 Location Type: Well Site [ ] No Location ID Name: DORIS-61N64W Number: 34SWNW County: WELD Qtr Qtr: SWNW Section: 34 Township: 1N Range: 64W Meridian: 6 Latitude: 40.009550 Longitude: -104.543960

Flowline Start Point Riser

Latitude: 40.009710 Longitude: -104.546080 PDOP: 2.7 Measurement Date: 05/01/2019 Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: Fiberglass Max Outer Diameter:(Inches) 6.000  
 Bedding Material: Native Materials Date Construction Completed: 11/04/1981  
 Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
 Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 478345 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.009720 Longitude: -104.546090 PDOP: 2.7 Measurement Date: 05/01/2019  
 Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 319053 Location Type: Well Site  No Location ID  
 Name: DOTTIE-61N64W Number: 34NWNW  
 County: WELD  
 Qtr Qtr: NWNW Section: 34 Township: 1N Range: 64W Meridian: 6  
 Latitude: 40.013190 Longitude: -104.544011

**Flowline Start Point Riser**

Latitude: 40.013110 Longitude: -104.544190 PDOP: 2.7 Measurement Date: 05/01/2019  
 Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: Fiberglass Max Outer Diameter:(Inches) 6.000  
 Bedding Material: Native Materials Date Construction Completed: 01/16/1982  
 Maximum Anticipated Operating Pressure (PSI): 125 Testing PSI: 140  
 Test Date: 12/04/2019

**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: 04/23/2020 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: 10/14/2020

## Conditions of Approval

**COA Type**

**Description**

--	--

### Attachment Check List

**Att Doc Num**

**Name**

402289122	Form44 Submitted
402379564	OFF-LOCATION FLOWLINE GEODATABASE SHP
402379642	PRESSURE TEST

Total Attach: 3 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)

