

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

01/16/2020

Document Number:

402288123

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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 318666 Location Type: Production Facilities
Name: JULIAN A. PLUSS UNIT-61N63W Number: 4NWNW
County: WELD
Qtr Qtr: NWNW Section: 4 Township: 1N Range: 63W Meridian: 6
Latitude: 40.084960 Longitude: -104.448430

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478349 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.087480 Longitude: -104.448510 PDOP: 2.7 Measurement Date: 06/08/1979
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318666 Location Type: Well Site ☐ No Location ID
Name: JULIAN A. PLUSS UNIT-61N63W Number: 4NWNW
County: WELD
Qtr Qtr: NWNW Section: 4 Township: 1N Range: 63W Meridian: 6
Latitude: 40.084960 Longitude: -104.448430

Flowline Start Point Riser

Latitude: 40.084960 Longitude: -104.448420 PDOP: 2.7 Measurement Date: 06/08/1979
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: 06/08/1979
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

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: 01/16/2020 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

Condtions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402288123	Form44 Submitted
402288150	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

