

**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:

07/09/2020

Document Number:

402228847

**Off-Location Flowline**

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and

**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: 305242 Location Type: Production Facilities  
Name: BERNHARDT-64N66W Number: 7SESW  
County: WELD  
Qtr Qtr: SESW Section: 7 Township: 4N Range: 66W Meridian: 6  
Latitude: 40.320860 Longitude: -104.822310

Description of Corrosion Protection

Description of Integrity Management Program

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 478773 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332712 Location Type: Well Site ☐  
Name: SCHNEIDER Number: 13-7-35  
County: WELD No Location ID  
Qtr Qtr: SWSW Section: 7 Township: 4N Range: 66W Meridian: 6

Latitude: 40.320940 Longitude: -104.827320

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: 03/24/2005  
Maximum Anticipated Operating Pressure (PSI): 128 Testing PSI: 160  
Test Date: 12/21/2018

### **FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 478774 Flowline Type: Wellhead Line Action Type: Registration

### **OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

### **Flowline Start Point Location Identification**

Location ID: 305242 Location Type: Well Site ☐  
Name: BERNHARDT-64N66W Number: 7SESW  
County: WELD No Location ID  
Qtr Qtr: SESW Section: 7 Township: 4N Range: 66W Meridian: 6  
Latitude: 40.320860 Longitude: -104.822310

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: 03/24/2005  
Maximum Anticipated Operating Pressure (PSI): 124 Testing PSI: 155  
Test Date: 12/21/2018

### **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: 07/09/2020 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: 12/7/2020

## Conditions of Approval

**COA Type**

**Description**

## Attachment Check List

**Att Doc Num**

**Name**

402228847	Form44 Submitted
402228861	AERIAL PHOTO
402244724	PRESSURE TEST
402244725	PRESSURE TEST
402391610	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 5 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

