

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: 402246477

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 332959 Location Type: Production Facilities Name: GITTLEIN-61N67W Number: 4NENE County: WELD Qtr Qtr: NENE Section: 4 Township: 1N Range: 67W Meridian: 6 Latitude: 40.086110 Longitude: -104.888850

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: 478780 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318292 Location Type: Well Site [ ] Name: HEIN-61N67W Number: 4SENE County: WELD No Location ID Qtr Qtr: SENE Section: 4 Township: 1N Range: 67W Meridian: 6

Latitude: 40.082080 Longitude: -104.888150

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: 09/18/1976  
Maximum Anticipated Operating Pressure (PSI): 14 Testing PSI: 15  
Test Date: 10/04/2018

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 478781 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 318291 Location Type: Well Site   
Name: HEIN-61N67W Number: 4NWNE  
County: WELD No Location ID  
Qtr Qtr: NWNE Section: 4 Township: 1N Range: 67W Meridian: 6  
Latitude: 40.085617 Longitude: -104.893523

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: 09/21/1976  
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. 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: 07/09/2020 Email: regulatory@kpk.com

Print Name: Zach Stults Title: Geologist

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**

402246477	Form44 Submitted
402246482	PRESSURE TEST
402415932	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 3 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)

