

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: 11/19/2020 Document Number: 402465149

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: 475641 Location Type: Production Facilities Name: Burkhardt-Seltzer Number: County: WELD Qtr: NESW Section: 34 Township: 1N Range: 67W Meridian: 6 Latitude: 40.007500 Longitude: -104.876850

Description of Corrosion Protection

Fiberglass pipelines are resistant to most acids, bases, oxidizing agents, metal salts, reducing gases and sulfur gases. These pipelines have been utilized by KPK because of their corrosion resistance. As such, additional corrosion protection is not needed for these pipelines.

Description of Integrity Management Program

Production and upkeep of KPK's assets involves regular hands-on operation by KPK's field crews. These field crews not only maintain safe production, but also conduct routine inspections to confirm proper integrity of the production systems. While pipeline integrity issues are minimal due to pipeline materials and low operating pressure, KPK regularly inspects and pressure tests all lines to ensure pipeline integrity is maintained.

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.

Construction of pipelines is generally not occurring. When necessary to remedy a pipeline issue, KPK typically assesses all conditions to determine the proper construction method. A combination of boring and open trench are utilized by KPK.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475644 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318342 Location Type: Well Site
Name: BURKHART-61N67W Number: 34NWSE
County: WELD No Location ID
Qtr Qtr: NWSE Section: 34 Township: 1N Range: 67W Meridian: 6
Latitude: 40.006389 Longitude: -104.874322

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: 08/23/1976
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date:

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476420 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335770 Location Type: Well Site
Name: WAGNER-61N67W Number: 34SEnw
County: WELD No Location ID
Qtr Qtr: SENW Section: 34 Township: 1N Range: 67W Meridian: 6
Latitude: 40.009149 Longitude: -104.878701

Equipment at Start Point Riser: Manifold

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: 10/01/2018
Maximum Anticipated Operating Pressure (PSI): 18 Testing PSI: 22
Test Date: 11/09/2018

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475645 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333129 Location Type: _____ Well Site

Name: BURKHARDT SELTZER-61N67W Number: 34SESW

County: WELD No Location ID

Qtr Qtr: SESW Section: 34 Township: 1N Range: 67W Meridian: 6

Latitude: 40.002160 Longitude: -104.879290

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 10/14/1976

Maximum Anticipated Operating Pressure (PSI): 24 Testing PSI: 24

Test Date: 07/21/2020

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

OPERATOR COMMENTS AND SUBMITTAL

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 11/19/2020 Email: regulatory@kpk.com

Print Name: Jeremy Kauffman Title: Analyst

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: _____

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402536401	PRESSURE TEST
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

