

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: 11/20/2020 Document Number: 402468710

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: 319921 Location Type: Production Facilities Name: GREEN-61S67W Number: 18NENW County: ADAMS Qtr: NENW Section: 18 Township: 1S Range: 67W Meridian: 6 Latitude: 39.970104 Longitude: -104.933482

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: 475557 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319921 Location Type: Well Site
Name: GREEN-61S67W Number: 18NENW
County: ADAMS No Location ID
Qtr Qtr: NENW Section: 18 Township: 1S Range: 67W Meridian: 6
Latitude: 39.970104 Longitude: -104.933482

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: 05/01/1978
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: 477557 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 320268 Location Type: Well Site
Name: GREEN-61S67W Number: 18SWNW
County: ADAMS No Location ID
Qtr Qtr: SWNW Section: 18 Township: 1S Range: 67W Meridian: 6
Latitude: 39.966499 Longitude: -104.938043

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Pipe Material: Max Outer Diameter:(Inches)
Bedding Material: Date Construction Completed: 01/23/1987
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date: 01/23/1987

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: 477556 Flowline Type: Production Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 320267 Location Type: Well Site

Name: GREEN-61S67W Number: 18NWNW

County: ADAMS No Location ID

Qtr Qtr: NWNW Section: 18 Township: 1S Range: 67W Meridian: 6

Latitude: 39.970119 Longitude: -104.938053

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 01/18/1987

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

Test Date: 01/18/1987

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 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: 11/20/2020 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

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

