

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: 402467523

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: 475286 Location Type: Manifold Name: Rocky Mountain Fuel B&C Number: County: WELD Qtr: SENE Section: 9 Township: 1N Range: 67W Meridian: 6 Latitude: 40.067880 Longitude: -104.886490

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: 475293 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 317649 Location Type: _____ Well Site
Name: ROCKY MOUNTAIN FUEL CO B-61N67W Number: 9NENE
County: WELD No Location ID
Qtr Qtr: NENE Section: 9 Township: 1N Range: 67W Meridian: 6
Latitude: 40.070903 Longitude: -104.888620

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: 07/29/1972
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: 475294 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 317664 Location Type: _____ Well Site
Name: ROCKY MOUNTAIN FUEL CO C-61N67W Number: 9NENW
County: WELD No Location ID
Qtr Qtr: NENW Section: 9 Township: 1N Range: 67W Meridian: 6
Latitude: 40.070880 Longitude: -104.898020

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: 08/29/1972
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: 475291 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 318295 Location Type: _____ Well Site

Name: ROCKY MOUNTAIN FUEL B-61N67W Number: 9NWNE

County: WELD No Location ID

Qtr Qtr: NWNE Section: 9 Township: 1N Range: 67W Meridian: 6

Latitude: 40.070880 Longitude: -104.893190

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: 08/30/1976

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: 475295 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 410187 Location Type: _____ Well Site

Name: NRC-61N67W Number: 9SEnw

County: WELD No Location ID

Qtr Qtr: SEnw Section: 9 Township: 1N Range: 67W Meridian: 6

Latitude: 40.067260 Longitude: -104.898000

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: 09/06/1976
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: 475292 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 317650 Location Type: Manifold
Name: NRC-Rocky Mountain Fuel Number: 9-9-15H
County: WELD No Location ID
Qtr Qtr: NESE Section: 9 Township: 1N Range: 67W Meridian: 6
Latitude: 40.063580 Longitude: -104.888600

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: 08/08/1972
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:

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: 11/20/2020 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: 1/8/2021

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402467523	Form44 Submitted
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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)

