

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: 12/14/2020 Document Number: 402553197

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: Jeff Rickard Company Name: KP KAUFFMAN COMPANY INC Phone: (303) 825-4822 Address: 1675 BROADWAY, STE 2800 Email: jrickard@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: 318212 Location Type: Production Facilities Name: UPRR 43 PAN AM I-61N68W Number: 13NENW County: WELD Qtr Qtr: NENW Section: 13 Township: 1N Range: 68W Meridian: 6 Latitude: 40.056742 Longitude: -104.954071

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: 476563 Flowline Type: Wellhead Line Action Type: Out of Service

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318486 Location Type: Well Site [] Name: JUST UNIT-61N68W Number: 12SESW County: WELD No Location ID Qtr Qtr: SESW Section: 12 Township: 1N Range: 68W Meridian: 6

Latitude: 40.058894 Longitude: -104.954496

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: 06/13/1977
Maximum Anticipated Operating Pressure (PSI): 29 Testing PSI: 35
Test Date: 05/09/2017

OFF LOCATION FLOWLINE Out of Service

Date: 12/11/2020

Entire Line Removal

Partial Line Removal

Description of Out of Service:

Flowline has been OSSLAT'd and passed its most recent annual pressure test.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476561 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318383 Location Type: Well Site
Name: UPRR 43 PAN AM I-61N68W Number: 13SWNW
County: WELD No Location ID
Qtr Qtr: SWNW Section: 13 Township: 1N Range: 68W Meridian: 6
Latitude: 40.053088 Longitude: -104.958505

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: 12/01/1976
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: 476562 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318390 Location Type: Well Site
Name: UPRR 43 PAN AM I-61N68W Number: 13SEnw
County: WELD No Location ID
Qtr Qtr: SEnw Section: 13 Township: 1N Range: 68W Meridian: 6
Latitude: 40.053113 Longitude: -104.954095

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: 11/24/1976
Maximum Anticipated Operating Pressure (PSI): 32 Testing PSI: 42
Test Date: 05/09/2017

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: 476560 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318382 Location Type: Well Site
Name: UPRR 43 PAN AM I-61N68W Number: 13NWNW
County: WELD No Location ID
Qtr Qtr: NWNW Section: 13 Township: 1N Range: 68W Meridian: 6
Latitude: 40.056677 Longitude: -104.958885

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: 12/26/1976
Maximum Anticipated Operating Pressure (PSI): 32 Testing PSI: 40
Test Date: 05/09/2017

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: 12/14/2020 Email: jrickard@kpk.com

Print Name: Jeff Rickard Title: Regulatory

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)

