

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:

402553542

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 906.

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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 476210 Location Type: Production Facilities
Name: Knudsen Number: _____
County: LOGAN
Qtr Qtr: NENW Section: 6 Township: 8N Range: 52W Meridian: 6
Latitude: 40.698260 Longitude: -103.234090

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: 476214 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 312189 Location Type: Well Site ☐
Name: KNUDSEN-68N52W Number: 6L4NW
County: LOGAN No Location ID
Qtr Qtr: L4NW Section: 6 Township: 8N Range: 52W Meridian: 6

Latitude: 40.699585 Longitude: -103.237037

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 11/21/1961

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: 476212 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 312250 Location Type: Well Site ☒

Name: KNUDSEN-68N52W Number: 6NWNE

County: LOGAN No Location ID

Qtr Qtr: NWNE Section: 6 Township: 8N Range: 52W Meridian: 6

Latitude: 40.695450 Longitude: -103.230989

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000

Bedding Material: Native Materials Date Construction Completed: 01/17/1962

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: 476215 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: 312178 Location Type: Well Site ☐
Name: KNUDSEN-68N52W Number: 6NW
County: LOGAN No Location ID
Qtr Qtr: NW Section: 6 Township: 8N Range: 52W Meridian: 6
Latitude: 40.695966 Longitude: -103.235445
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 12/20/1953
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE Out of Service

Date: 12/11/2020 ☒ Entire Line Removal ☐ Partial Line Removal

Description of Out of Service:

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476213 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 388242 Location Type: Well Site ☐
Name: KNUDSEN-68N52W Number: 6L3NW
County: LOGAN No Location ID
Qtr Qtr: L3NW Section: 6 Township: 8N Range: 52W Meridian: 6
Latitude: 40.698588 Longitude: -103.232655
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 12/27/1961
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: 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: 2/5/2021

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402553542	Form 44 Approved-O
402592995	Form44 Submitted

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)