

State of Colorado Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



ECMC RECEPTION

Receive Date:

08/09/2024

Document Number:

402269216

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

ECMC Operator Number: 46290 Contact Person: Mani Silva
Company Name: KP KAUFFMAN COMPANY INC Phone: (303) 8254822
Address: 1700 LINCOLN ST STE 4550 Email: regulatory@kpk.com
City: DENVER State: CO Zip: 80203
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: Location Type: Manifold
Name: Stromquist Nelson Number: 1
County: WELD
Qtr Qtr: NWSW Section: 20 Township: 2N Range: 68W Meridian: 6
Latitude: 40.121620 Longitude: -105.016590

Description of Corrosion Protection

[Empty text box for Corrosion Protection description]

Description of Integrity Management Program

[Empty text box for Integrity Management Program description]

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.

[Empty text box for construction method description]

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 319005 Location Type: Well Site []
Name: ARTHUR STROMQUIST-62N68W Number: 20NESE
County: WELD No Location ID

Qtr Qtr: NESE Section: 20 Township: 2N Range: 68W Meridian: 6

Latitude: 40.121753 Longitude: -105.020166

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: 02/18/1982

Maximum Anticipated Operating Pressure (PSI): 25 Testing PSI: 30

Test Date: 05/30/2019

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 319004 Location Type: Well Site

Name: MILTON H. NELSON F-62N68W Number: 21NWSW

County: WELD No Location ID

Qtr Qtr: NWSW Section: 21 Township: 2N Range: 68W Meridian: 6

Latitude: 40.122350 Longitude: -105.015897

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: 05/03/1982

Maximum Anticipated Operating Pressure (PSI): 25 Testing PSI: 30

Test Date: 05/30/2019

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.

submitted by ECMC staff to capture non-submitted data

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

Signed: _____ Date: 08/09/2024 Email: regulatory@kpk.com

Print Name: Mani Silva Title: Field Supervisor

Based on the information provided herein, this Flowline Report complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: _____ Director of ECMC Date: _____

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

| | |
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ATTACHMENT LIST

Att Doc Num

Name

| | |
|-----------|---------------------------------------|
| 402269221 | PRESSURE TEST |
| 402269225 | PRESSURE TEST |
| 402269227 | OFF-LOCATION FLOWLINE GEODATABASE SHP |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)