

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

06/22/2018

Document Number:

401682736

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 47120 Contact Person: CANDICE BARBER
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (970) 515-1671
Address: P O BOX 173779 Email: CANDICE.BARBER@ANADARKO.COM
City: DENVER State: CO Zip: 80217-3779
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 420485 Location Type: Production Facilities
Name: BM LAND TANK BATTERY Number: 13-5
County: WELD
Qtr Qtr: SWSW Section: 5 Township: 2N Range: 65W Meridian: 6
Latitude: 40.160992 Longitude: -104.696391

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455989 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.160886 Longitude: -104.696624 PDOP: 1.8 Measurement Date: 05/29/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305186 Location Type: Well Site ☐ No Location ID
Name: BM LAND-62N65W Number: 5NESW
County: WELD
Qtr Qtr: NESW Section: 5 Township: 2N Range: 65W Meridian: 6
Latitude: 40.166490 Longitude: -104.689240

Flowline Start Point Riser

Latitude: 40.166481 Longitude: -104.689292 PDOP: 1.6 Measurement Date: 05/29/2018
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: 03/01/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

cut and capped on 5/22/2018. The flow line will remain in place until the fall of 2018 due to crops.
BM LAND 11-5

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

Signed: _____ Date: 06/22/2018 Email: CANDICE.BARBER@ANADARKO.COM

Print Name: CANDICE BARBER Title: REGULATORY 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: 7/13/2018

Attachment Check List**Att Doc Num****Name**

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Total Attach: 0 Files