

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:

07/24/2018

Document Number:

401712210

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: 416717 Location Type: Production Facilities
Name: UPV P Number: 05-21D
County: WELD
Qtr Qtr: NWSE Section: 5 Township: 3N Range: 67W Meridian: 6
Latitude: 40.254560 Longitude: -104.913140

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456686 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.254629 Longitude: -104.913545 PDOP: 1.5 Measurement Date: 11/29/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416717 Location Type: Well Site ☐ No Location ID
Name: UPV P Number: 05-21D
County: WELD
Qtr Qtr: NWSE Section: 5 Township: 3N Range: 67W Meridian: 6
Latitude: 40.254560 Longitude: -104.913140

Flowline Start Point Riser

Latitude: 40.254557 Longitude: -104.913155 PDOP: 1.6 Measurement Date: 11/29/2017
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: 06/12/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The well head was cut and capped on 7/6/2018. The entire flow line was removed on 7/2/2018.
UPV P 05-21D
0512331466

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

Signed: _____ Date: 07/24/2018 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: 8/20/2018

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

--	--

Total Attach: 0 Files