

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:

08/28/2018

Document Number:

401712296

## 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: 319410 Location Type: Production Facilities  
Name: COTTONWOOD Number: 9-33  
County: WELD  
Qtr Qtr: SESE Section: 33 Township: 2N Range: 66W Meridian: 6  
Latitude: 40.090110 Longitude: -104.776250

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.090004 Longitude: -104.775333 PDOP: 1.3 Measurement Date: 11/28/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 417040 Location Type: Well Site ☐ No Location ID  
Name: COTTONWOOD Number: 15-33  
County: WELD  
Qtr Qtr: SWSE Section: 33 Township: 2N Range: 66W Meridian: 6  
Latitude: 40.089385 Longitude: -104.779361

**Flowline Start Point Riser**

Latitude: 40.089287 Longitude: -104.779363 PDOP: 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: 03/01/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

The wellhead was cut and capped on 4/20/2018. The entire flow line was removed on 7/10/2018.  
COTTONWOOD 36-33  
0512331537

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

Signed: \_\_\_\_\_ Date: 08/28/2018 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: \_\_\_\_\_

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

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Total Attach: 0 Files