

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: 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 [X] 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: 457259 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: 9/12/2018

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401712296	Form44 Submitted

Total Attach: 1 Files