

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:

09/04/2018

Document Number:

401753035

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: Mike Holle
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9296639
Address: P O BOX 173779 Email: mike.holle@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: 416382 Location Type: Production Facilities
Name: BALLINGER TANK BATTERY Number: 31-18
County: WELD
Qtr Qtr: NWNW Section: 18 Township: 3N Range: 67W Meridian: 6
Latitude: 40.230397 Longitude: -104.937987

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457547 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229972 Longitude: -104.937877 PDOP: Measurement Date: 01/08/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328584 Location Type: Well Site ☐ No Location ID
Name: BALLINGER Number: 31-18
County: WELD
Qtr Qtr: SWNW Section: 18 Township: 3N Range: 67W Meridian: 6
Latitude: 40.229050 Longitude: -104.938210

Flowline Start Point Riser

Latitude: 40.228904 Longitude: -104.938057 PDOP: Measurement Date: 01/08/2018
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: 09/22/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The remaining section of flow line for this well was removed during other work being done on location.
BALLINGER 25-18 05-123-31332 FLOWLINE BALLINGER 25-18

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

Signed: _____ Date: 09/04/2018 Email: mike.holle@anadarko.com

Print Name: Mike Holle Title: Spatial Data 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: 9/24/2018

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

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Total Attach: 0 Files