

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:

10/31/2018

Document Number:

401819383

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: 457548 Flowline Type: Wellhead Line Action Type:

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

Latitude: 40.230017 Longitude: -104.937769 PDOP: Measurement Date: 01/05/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332526 Location Type: Well Site ☐ No Location ID
Name: HSR-ROTH-63N67W Number: 18SENV
County: WELD
Qtr Qtr: SENW Section: 18 Township: 3N Range: 67W Meridian: 6
Latitude: 40.227900 Longitude: -104.934960

Flowline Start Point Riser

Latitude: 40.227900 Longitude: -104.934968 PDOP: Measurement Date: 01/05/2018
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: 05/21/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457546 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 40.229979 Longitude: -104.937810 PDOP: 1.2 Measurement Date: 01/05/2018

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: 40.228907 Longitude: -104.938169 PDOP: 1.3 Measurement Date: 01/05/2018

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: 09/15/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457700 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 40.230028 Longitude: -104.937769 PDOP: 1.2 Measurement Date: 01/05/2018

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: 40.228910 Longitude: -104.938226 PDOP: 1.3 Measurement Date: 01/05/2018
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: 02/01/2012
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date:

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

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

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):

Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: 457703 Flowline Type: Wellhead Line Action Type: _____**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.229963 Longitude: -104.937883 PDOP: 1.6 Measurement Date: 01/05/2018Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 328584 Location Type: _____ Well Site ☐ No Location IDName: BALLINGER Number: 31-18County: WELDQtr Qtr: SWNW Section: 18 Township: 3N Range: 67W Meridian: 6Latitude: 40.229050 Longitude: -104.938210**Flowline Start Point Riser**Latitude: 40.228902 Longitude: -104.938112 PDOP: 1.5 Measurement Date: 01/05/2018Equipment at Start Point Riser: Well**Flowline Description and Testing**

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 09/15/2010

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: 458409 Flowline Type: Wellhead Line Action Type: Abandonment**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.229970 Longitude: -104.937803 PDOP: 1.4 Measurement Date: 01/18/2018Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 331333 Location Type: _____ Well Site ☐ No Location ID

Name: HSR-BALLINGER-63N67W

Number: 18NWNW

County: WELD

Qtr Qtr: NWNW Section: 18 Township: 3N Range: 67W Meridian: 6

Latitude: 40.232440 Longitude: -104.938230

Flowline Start Point Riser

Latitude: 40.232440 Longitude: -104.938220 PDOP: 1.3 Measurement Date: 01/04/2018

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: 01/23/2002

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/16/2018

Description of Abandonment

The HSR-Ballinger 4-18 P&A is complete. The well head was cut and capped on 7/19/2018. The entire flow line was removed on 8/16/2018. The entire flow line was also removed for the HSR-Pfister 3-18 on 8/16/2018. We did not have a P&A packet on this well.
HSR-BALLINGER 4-18 05-123-20513 FL-HSR-BALLINGER 4-18

OPERATOR COMMENTS AND SUBMITTAL

Comments The HSR-Ballinger 4-18 P&A is complete. The well head was cut and capped on 7/19/2018. The entire flow line was removed on 8/16/2018. The entire flow line was also removed for the HSR-Pfister 3-18 on 8/16/2018. We did not have a P&A packet on this well.
HSR-BALLINGER 4-18 05-123-20513 FL-HSR-BALLINGER 4-18

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

Signed: Date: 10/31/2018 Email: mike.holle@anadarko.com

Print Name: Mike Holle Title: SDA

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: 11/28/2018**Attachment Check List****Att Doc Num****Name**

401819383

Form44 Submitted

Total Attach: 1 Files