

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:

02/19/2019

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## 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: 318028 Location Type: Production Facilities  
Name: Sekich P Number: 19-27D  
County: WELD  
Qtr Qtr: NWNE Section: 19 Township: 3N Range: 67W Meridian: 6  
Latitude: 40.215340 Longitude: -104.929200

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.215025 Longitude: -104.929594 PDOP: 1.4 Measurement Date: 03/02/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 329393 Location Type: Well Site ☐ No Location ID  
Name: SEKICH FARMS-63N67W Number: 19NENE  
County: WELD  
Qtr Qtr: NENE Section: 19 Township: 3N Range: 67W Meridian: 6  
Latitude: 40.216842 Longitude: -104.925658

**Flowline Start Point Riser**

Latitude: 40.217415 Longitude: -104.926363 PDOP: 1.7 Measurement Date: 03/02/2018  
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: 10/06/1993  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.215027 Longitude: -104.929608 PDOP: 1.4 Measurement Date: 03/02/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 329411 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: SEKICH FARMS-63N67W Number: 19NWNE  
County: WELD  
Qtr Qtr: NWNE Section: 19 Township: 3N Range: 67W Meridian: 6  
Latitude: 40.216966 Longitude: -104.930425

**Flowline Start Point Riser**

Latitude: 40.217437 Longitude: -104.931389 PDOP: 1.7 Measurement Date: 03/02/2018  
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: 10/05/1993  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments The Sekich Farms 19-1L P&A is complete. The well head was cut and capped on 1/17/2019. The entire flow line (1,599 Feet) was removed on 1/18/2019. The entire tank battery was removed on 1/18/2019.  
SEKICH FARMS 19-1L 512317281 FLOWLINE SEKICH FARMS 19-1L  
  
The Sekich Farms 19-2L P&A is complete. The well head was cut and capped on 1/17/2019. The entire flow line (1,418 Feet) was removed on 1/14/2019.  
SEKICH FARMS 19-2L 05-123-17309 FLOWLINE SEKICH FARMS 19-2L

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

Signed: \_\_\_\_\_ Date: 02/19/2019 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: \_\_\_\_\_

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>

Total Attach: 0 Files