

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

Document Number:

401944053

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: 462410 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: 462411 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: 2/25/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401944053	Form44 Submitted

Total Attach: 1 Files