

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:

03/22/2019

Document Number:

401982113

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: 422691 Location Type: Production Facilities
Name: WARNER W Number: 13-11 TANK
County: WELD
Qtr Qtr: SWSW Section: 13 Township: 2N Range: 66W Meridian: 6
Latitude: 40.134430 Longitude: -104.730590

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.134381 Longitude: -104.730812 PDOP: 1.3 Measurement Date: 05/17/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 422677 Location Type: Well Site ☐ No Location ID
Name: WARNER W Number: 13-11
County: WELD
Qtr Qtr: NESW Section: 13 Township: 2N Range: 66W Meridian: 6
Latitude: 40.136910 Longitude: -104.727620

Flowline Start Point Riser

Latitude: 40.136901 Longitude: -104.727616 PDOP: 1.8 Measurement Date: 05/17/2018
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: 08/19/2011
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: 40.134447 Longitude: -104.730805 PDOP: 1.3 Measurement Date: 05/17/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328385 Location Type: _____ Well Site ☐ No Location ID
Name: UPRC-62N66W Number: 13NESW
County: WELD
Qtr Qtr: NESW Section: 13 Township: 2N Range: 66W Meridian: 6
Latitude: 40.135300 Longitude: -104.729120

Flowline Start Point Riser

Latitude: 40.135284 Longitude: -104.729115 PDOP: 1.2 Measurement Date: 05/17/2018
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: 12/02/1992
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The UPRC 13-11O P&A is complete. The well head was cut and capped on 3/14/2019. The entire flow line (561 Feet) was removed on 3/19/2019.
UPRC 13-11O 05-123-15922 FLOWLINE UPRC 13-11O
The Warner W 13-11 P&A is complete. The well head was cut and capped on 3/4/2019. The entire flow line (1,312 Feet) was removed on 3/19/2019.
WARNER W 13-11 05-123-33346 FLOWLINE WARNER W 13-11

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 03/22/2019 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

Att Doc Num

Name

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Total Attach: 0 Files