

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

04/02/2019

Document Number:

401992630

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 427327 Location Type: Production Facilities
Name: CAMP TANK BATTERY Number: 38C-26HZ
County: WELD
Qtr Qtr: NWNE Section: 26 Township: 3N Range: 66W Meridian: 6
Latitude: 40.199975 Longitude: -104.739140

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462406 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.200039 Longitude: -104.739128 PDOP: Measurement Date: 02/14/2015
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327420 Location Type: Well Site [] No Location ID
Name: CAMP Number: 38C-26HZ
County: WELD
Qtr Qtr: NENE Section: 26 Township: 3N Range: 66W Meridian: 6
Latitude: 40.201640 Longitude: -104.737110

Flowline Start Point Riser

Latitude: 40.201625 Longitude: -104.737113 PDOP: Measurement Date: 02/14/2015
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: 10/28/1990
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 01/16/2019

Description of Removal from Service

The Blackford 1-26A P&A is complete. The well head was cut and capped on 1/14/2019. The entire flow line (744 Feet) was removed on 1/16/2019.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463746 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.200045 Longitude: -104.739139 PDOP: _____ Measurement Date: 02/14/2015
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327231 Location Type: _____ Well Site No Location ID
Name: HSR-TERRY-63N66W Number: 26SENE
County: WELD
Qtr Qtr: SENE Section: 26 Township: 3N Range: 66W Meridian: 6
Latitude: 40.197980 Longitude: -104.737450

Flowline Start Point Riser

Latitude: 40.197988 Longitude: -104.737445 PDOP: _____ Measurement Date: 02/14/2015
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: 06/11/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The HSR-Terry 8-26A P&A is complete. The well head was cut and capped on 1/25/2019. A section of flow line (863 Feet) was removed on 3/27/2019,. The remaining section of flow line (120 Feet) was left in place below ground and GPS'd in due to vicinity to other lines.
HSR-TERRY 8-26A 05-123-14352 HSR-TERRY 8-26A Flowline

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

Signed: _____ Date: 04/02/2019 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: 4/2/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401992630	Form44 Submitted
401992634	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files