

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:

04/22/2019

Document Number:

402016707

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: 421013 Location Type: Production Facilities
Name: SEKICH Number: 35-17
County: WELD
Qtr Qtr: SWSE Section: 17 Township: 3N Range: 67W Meridian: 6
Latitude: 40.219277 Longitude: -104.912769

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.218986 Longitude: -104.913726 PDOP: 1.3 Measurement Date: 03/08/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327841 Location Type: Well Site ☐ No Location ID
Name: SEKICH FARMS II UNIT-63N67W Number: 17NWSE
County: WELD
Qtr Qtr: NWSE Section: 17 Township: 3N Range: 67W Meridian: 6
Latitude: 40.222950 Longitude: -104.910030

Flowline Start Point Riser

Latitude: 40.222893 Longitude: -104.910020 PDOP: 1.3 Measurement Date: 03/08/2018
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: 11/14/1992
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: 40.218991 Longitude: -104.913710 PDOP: 1.1 Measurement Date: 03/08/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 421013 Location Type: _____ Well Site ☐ No Location ID
Name: SEKICH Number: 35-17
County: WELD
Qtr Qtr: SWSE Section: 17 Township: 3N Range: 67W Meridian: 6
Latitude: 40.219277 Longitude: -104.912769

Flowline Start Point Riser

Latitude: 40.219320 Longitude: -104.912830 PDOP: 1.5 Measurement Date: 03/08/2018
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: 05/02/2011
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: 40.218932 Longitude: -104.913696 PDOP: 1.3 Measurement Date: 03/08/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 421013 Location Type: _____ Well Site ☐ No Location ID
Name: SEKICH Number: 35-17
County: WELD
Qtr Qtr: SWSE Section: 17 Township: 3N Range: 67W Meridian: 6
Latitude: 40.219277 Longitude: -104.912769

Flowline Start Point Riser

Latitude: 40.219269 Longitude -104.912750 PDOP: 1.5 Measurement Date: 03/08/2018

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: 05/02/2011

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: 40.218985 Longitude: -104.913696 PDOP: 1.1 Measurement Date: 03/08/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 421013 Location Type: Well Site ☐ No Location ID

Name: SEKICH Number: 35-17

County: WELD

Qtr Qtr: SWSE Section: 17 Township: 3N Range: 67W Meridian: 6

Latitude: 40.219277 Longitude: -104.912769

Flowline Start Point Riser

Latitude: 40.219304 Longitude -104.912805 PDOP: 1.2 Measurement Date: 03/08/2018

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: 05/04/2011

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments

The Sekich Farms II UN 1 P&A is complete. The well head was cut and capped on 3/18/2019. The entire flow line (1,699 Feet) was removed on 4/15/2019.

SEKICH FARMS II UN 1 05-123-15223 FLOW LINE SEKICH FARMS II UNIT #1

The Sekich 23-17 P&A is complete. The well head was cut and capped on 4/9/2019. The entire flow line and separator was removed on 4/15/2019.

SEKICH 23-17 05-123-32787 FLOW LINE SEKICH 23-17

The Sekich 35-17 P&A is complete. The well head was cut and capped on 4/9/2019. The entire flow line (29 Feet) was removed on 4/15/2019.

SEKICH 35-17 05-123-32784 FLOW LINE SEKICH 35-17

The Sekich 19-17 P&A is complete. The well head was cut and capped on 4/8/2019. The entire flow line (306 Feet) was removed on 4/15/2019.

SEKICH 19-17 05-123-32785 FLOW LINE SEKICH 19-17

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

Signed: _____ Date: 04/22/2019 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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files