

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:

05/20/2019

Document Number:

402049162

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: 318096 Location Type: Production Facilities
Name: ELKHORN CO-62N67W Number: 21NENW
County: WELD
Qtr Qtr: NENW Section: 21 Township: 2N Range: 67W Meridian: 6
Latitude: 40.129400 Longitude: -104.898320

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463137 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.130217 Longitude: -104.898159 PDOP: 2.5 Measurement Date: 02/08/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318095 Location Type: Well Site ☐ No Location ID
Name: ELKHORN COMPANY B-62N67W Number: 21SWNW
County: WELD
Qtr Qtr: SWNW Section: 21 Township: 2N Range: 67W Meridian: 6
Latitude: 40.125790 Longitude: -104.902720

Flowline Start Point Riser

Latitude: 40.125790 Longitude: -104.902727 PDOP: 1.4 Measurement Date: 02/09/2018
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: 08/25/1999
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 03/01/2019

Description of Removal from Service

The Elkhorn Co B 2A P&A is complete. The well head was cut and capped on 1/30/2019. The entire flow line (2,091 Feet) was removed on 3/1/2019.

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.130224 Longitude: -104.898156 PDOP: 2.2 Measurement Date: 02/08/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319235 Location Type: _____ Well Site ☐ No Location ID

Name: ELKHORN CO-62N67W Number: 21NENW

County: WELD

Qtr Qtr: NENW Section: 21 Township: 2N Range: 67W Meridian: 6

Latitude: 40.128460 Longitude: -104.900190

Flowline Start Point Riser

Latitude: 40.128460 Longitude: -104.900196 PDOP: 1.6 Measurement Date: 02/09/2018
:

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: 07/26/1995
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments The Elkhorn CO GU 2 P&A is complete. The well head was cut and capped on 3/22/2019. The entire flow line (899 Feet) was removed on 4/30/2019. The entire tank battery was removed on 4/26/2019.
ELKHORN CO GU 2 05-123-10912 FLOWLINE ELKHORN CO GU 2

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

Signed: _____ Date: 05/20/2019 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