

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:

402049249

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: 425656 Location Type: Production Facilities
Name: BARCLAY TANK BATTERY Number: 3N-27HZ
County: WELD
Qtr Qtr: SESW Section: 27 Township: 3N Range: 66W Meridian: 6
Latitude: 40.192469 Longitude: -104.767740

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464662 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.192532 Longitude: -104.767182 PDOP: 1.5 Measurement Date: 07/27/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327200 Location Type: Well Site ☐ No Location ID
Name: HSR-JOYCE-63N66W Number: 27NESW
County: WELD
Qtr Qtr: NESW Section: 27 Township: 3N Range: 66W Meridian: 6
Latitude: 40.194360 Longitude: -104.765730

Flowline Start Point Riser

Latitude: 40.194343 Longitude: -104.765734 PDOP: 1.9 Measurement Date: 07/26/2018
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: 01/15/1990
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The HSR-Joyce 11-27A P&A is complete. The well head was cut and capped on 5/7/2019. The entire flow line (838 Feet) was removed on 5/6/2019.
HSR-JOYCE 11-27A 05-123-14305 FL-HSR-JOYCE 11-27

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: 5/27/2019

Attachment Check List**Att Doc Num****Name**

402049249

Form44 Submitted

Total Attach: 1 Files