

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 11/19/2019 Document Number: 402223962

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: 46290 Contact Person: Mani Silva Company Name: KP KAUFFMAN COMPANY INC Phone: (303) 8254822 Address: 1675 BROADWAY, STE 2800 Email: regulatory@kpk.com City: DENVER State: CO Zip: 80202 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: Location Type: Production Facilities Name: Pace-Connelly Number: 3 & 8 County: WELD Qtr Qtr: NWSE Section: 27 Township: 2N Range: 68W Meridian: 6 Latitude: 40.107600 Longitude: -104.984990

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.107600 Longitude: -104.984990 PDOP: 2.7 Measurement Date: 06/06/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318508 Location Type: Well Site [] No Location ID Name: WILDFLOWER Number: 16-27 County: WELD Qtr Qtr: NESE Section: 27 Township: 2N Range: 68W Meridian: 6 Latitude: 40.107660 Longitude: -104.982213

Flowline Start Point Riser

Latitude: 40.107810 Longitude: -104.982200 PDOP: 2.7 Measurement Date: 06/06/2017 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 10/08/1977
Maximum Anticipated Operating Pressure (PSI): 14 Testing PSI: 14
Test Date: 06/06/2017

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.107600 Longitude: -104.984990 PDOP: 2.7 Measurement Date: 06/06/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318509 Location Type: _____ Well Site No Location ID
Name: PACE-CONNELLY-62N68W Number: 27NWSE
County: WELD
Qtr Qtr: NWSE Section: 27 Township: 2N Range: 68W Meridian: 6
Latitude: 40.107747 Longitude: -104.986896

Flowline Start Point Riser

Latitude: 40.107740 Longitude -104.985700 PDOP: 2.7 Measurement Date: 06/06/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 08/05/1977
Maximum Anticipated Operating Pressure (PSI): 14 Testing PSI: 14
Test Date: 06/06/2017

OPERATOR COMMENTS AND SUBMITTAL

Comments

The locations of the described flowlines are approximations based on employee's working knowledge of the oil and gas operations. Exact locations cannot be obtained due to flowline material.

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

Signed: _____ Date: 11/19/2019 Email: regulatory@kpk.com

Print Name: Mani Silva Title: Field Supervisor

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**

402223968	AERIAL PHOTO
402223969	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files