

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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OGCC RECEPTION

Receive Date:

12/14/2020

Document Number:

402553158

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and

Operator Information

OGCC Operator Number: 46290 Contact Person: Jeff Rickard
Company Name: KP KAUFFMAN COMPANY INC Phone: (303) 825-4822
Address: 1675 BROADWAY, STE 2800 Email: jrickard@kpk.com
City: DENVER State: CO Zip: 80202
Is the Operator a Tier One member of the Utility Notification Center of Colorado (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 318400 Location Type: Production Facilities
Name: UPRR 43 PAN AM B-61N68W Number: 3NWNW
County: WELD
Qtr Qtr: NWNW Section: 3 Township: 1N Range: 68W Meridian: 6
Latitude: 40.085367 Longitude: -104.996696

Description of Corrosion Protection

Description of Integrity Management Program

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475437 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 318639 Location Type: Well Site ☐
Name: UPRR 43 PAN AM B-61N68W Number: 3NENW
County: WELD No Location ID
Qtr Qtr: NENW Section: 3 Township: 1N Range: 68W Meridian: 6

Latitude: 40.085322 Longitude: -104.991788

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: 07/01/2017
Maximum Anticipated Operating Pressure (PSI): 10 Testing PSI: 12
Test Date: 05/04/2017

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475436 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 318345 Location Type: Well Site ☐
Name: UPRR 43 PAN AM B-61N68W Number: 3NWSW
County: WELD No Location ID
Qtr Qtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6
Latitude: 40.078515 Longitude: -104.996092

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: 10/10/1976
Maximum Anticipated Operating Pressure (PSI): 10 Testing PSI: 12
Test Date: 05/04/2017

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475439 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 318400 Location Type: _____ Well Site ☐
Name: UPRR 43 PAN AM B-61N68W Number: 3NWNW
County: WELD No Location ID
Qtr Qtr: NWNW Section: 3 Township: 1N Range: 68W Meridian: 6
Latitude: 40.085367 Longitude: -104.996696
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: 12/06/1976
Maximum Anticipated Operating Pressure (PSI): 10 Testing PSI: 12
Test Date: 05/04/2017

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 475438 Flowline Type: Wellhead Line Action Type: Out of Service

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 318429 Location Type: _____ Well Site ☐
Name: UPRR 43 PAN AM B-61N68W Number: 3SENW
County: WELD No Location ID
Qtr Qtr: SENW Section: 3 Township: 1N Range: 68W Meridian: 6
Latitude: 40.082039 Longitude: -104.992565
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: 02/20/1977
Maximum Anticipated Operating Pressure (PSI): 10 Testing PSI: 12
Test Date: 05/04/2017

OFF LOCATION FLOWLINE Out of ServiceDate: 12/11/2020☒ Entire Line Removal☐ Partial Line
Removal**Description of Out of Service:**

Flowline has been OSSLAT'd and passed its most recent annual pressure test.

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 12/14/2020 Email: jrickard@kpk.comPrint Name: Jeff Rickard Title: Regulatory

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: _____

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

