

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:

08/27/2018

Document Number:

401744486

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: 419031 Location Type: Production Facilities
Name: RIVERBEND TANK BATTERY Number: 22-18
County: WELD
Qtr Qtr: SWSW Section: 18 Township: 1N Range: 66W Meridian: 6
Latitude: 40.047009 Longitude: -104.826024

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457414 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.046903 Longitude: -104.826164 PDOP: 1.5 Measurement Date: 06/24/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 311289 Location Type: Well Site ☐ No Location ID
Name: HELMER GETZ UNIT-61N66W Number: 18SWSW
County: WELD
Qtr Qtr: SWSW Section: 18 Township: 1N Range: 66W Meridian: 6
Latitude: 40.046590 Longitude: -104.826210

Flowline Start Point Riser

Latitude: 40.046621 Longitude: -104.826206 PDOP: 4.0 Measurement Date: 06/27/2018
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: 04/02/1996
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

The Getz Helmer Unit 1 P&A is complete. The well head was cut and capped on 8/6/2018. The flow line has been cemented in place per land owner's request.
GETZ HELMER UNIT 1 05-123-08104 FL-GETZ HELMER UNIT 1

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

Signed: _____ Date: 08/27/2018 Email: mike.holle@anadarko.com

Print Name: Mike Holle Title: Spatial Data Analyst

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: 9/19/2018

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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files