

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/08/2018

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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: Candice Barber  
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (970) 515-1671  
Address: P O BOX 173779 Email: Candice.Barber@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: 457960 Location Type: Production Facilities  
Name: UPRR 43 PAN AM "AB"-61N68W Number: 15NENW  
County: WELD  
Qtr Qtr: NENW Section: 15 Township: 1N Range: 68W Meridian: 6  
Latitude: 40.055138 Longitude: -104.990654

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457977 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.055138 Longitude: -104.990654 PDOP: 1.6 Measurement Date: 09/14/2017  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328069 Location Type: Well Site  No Location ID  
Name: UPRR 43 PAN AM "AB"-61N68W Number: 15NENW  
County: WELD  
Qtr Qtr: NENW Section: 15 Township: 1N Range: 68W Meridian: 6  
Latitude: 40.055270 Longitude: -104.993370

Flowline Start Point Riser

Latitude: 40.055229 Longitude: -104.993371 PDOP: 1.5 Measurement Date: 09/14/2017  
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: 01/01/1999  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**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: 06/08/2018 Email: Candice.Barber@Anadarko.com  
Print Name: Candice Barber Title: Sr Regulatory 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: 10/16/2018

**Attachment Check List**

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

Total Attach: 0 Files