

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:

12/12/2018

Document Number:

401872149

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 435886 Location Type: Production Facilities
Name: AGGREGATE STATE TANK BATTERY Number: 37C-16HZ
County: WELD
Qtr Qtr: NWSE Section: 9 Township: 2N Range: 66W Meridian: 6
Latitude: 40.150386 Longitude: -104.778643

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459578 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.151051 Longitude: -104.778279 PDOP: 1.8 Measurement Date: 09/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332118 Location Type: Well Site [] No Location ID
Name: AGGREGATE-62N66W Number: 9SESE
County: WELD
Qtr Qtr: SESE Section: 9 Township: 2N Range: 66W Meridian: 6
Latitude: 40.147440 Longitude: -104.775440

Flowline Start Point Riser

Latitude: 40.147464 Longitude: -104.775480 PDOP: 1.8 Measurement Date: 08/31/2018
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: 06/09/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/08/2018

Description of Abandonment

The Aggregate 16-9 P&A is complete. The well head was cut and capped on 9/19/2018. The entire flow line was removed on 10/8/2018.
AGGREGATE 16-9 05-123-21860 FL-AGGREGATE 16-9

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459579 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.151040 Longitude: -104.778285 PDOP: 2.0 Measurement Date: 09/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305732 Location Type: _____ Well Site No Location ID
Name: AGGREGATE-62N66W Number: 9NESE
County: WELD
Qtr Qtr: NESE Section: 9 Township: 2N Range: 66W Meridian: 6
Latitude: 40.150800 Longitude: -104.774600

Flowline Start Point Riser

Latitude: 40.150828 Longitude: -104.774460 PDOP: 2.3 Measurement Date: 09/01/2018
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: 12/29/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/08/2018

Description of Abandonment

The Aggregate 9-9 P&A is complete. The well head was cut and capped on 10/8/2018. A section of flow line was left in place and GPS coordinates entered. The remaining flow line was removed on 10/8/2018.
AGGREGATE 9-9 05-123-23407 FL-AGGREGATE 9-9

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459580 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**Latitude: 40.151024 Longitude: -104.778277 PDOP: 2.0 Measurement Date: 09/01/2018Equipment at End Point Riser: Separator**Flowline Start Point Location Identification**Location ID: 330897 Location Type: Well Site No Location IDName: HSR WILLARD-62N66W Number: 9SWSECounty: WELDQtr Qtr: SWSE Section: 9 Township: 2N Range: 66W Meridian: 6Latitude: 40.146640 Longitude: -104.780520**Flowline Start Point Riser**Latitude: 40.146666 Longitude -104.780547 PDOP: 1.4 Measurement Date: 09/01/2018Equipment at Start Point Riser: Well**Flowline Description and Testing**

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: _____ Date Construction Completed: 05/12/2010

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENTDate: 10/08/2018**Description of Abandonment**

The HSR-Willard 15-9A P&A is complete. The well head was cut and capped on 10/2/2018. A small section of flow line was left in place near the well head. The remaining flow line was removed on 10/8/2018.
 HSR-WILLARD 15-9A 05-123-19838 FL-HSR-WILLARD 15-9A

OPERATOR COMMENTS AND SUBMITTAL

Comments The Aggregate 9-9 P&A is complete. The well head was cut and capped on 10/8/2018. A section of flow line was left in place and GPS coordinates entered. The remaining flow line was removed on 10/8/2018.
 AGGREGATE 9-9 05-123-23407 FL-AGGREGATE 9-9
 The HSR-Willard 15-9A P&A is complete. The well head was cut and capped on 10/2/2018. A small section of flow line was left in place near the well head. The remaining flow line was removed on 10/8/2018.
 HSR-WILLARD 15-9A 05-123-19838 FL-HSR-WILLARD 15-9A
 The Aggregate 16-9 P&A is complete. The well head was cut and capped on 9/19/2018. The entire flow line was removed on 10/8/2018.
 AGGREGATE 16-9 05-123-21860 FL-AGGREGATE 16-9

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

Signed: _____ Date: 12/12/2018 Email: mike.holle@anadarko.comPrint 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: _____

Attachment Check List

Att Doc Num **Name**

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

Total Attach: 0 Files