

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:

05/20/2019

Document Number:

402049050

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: 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: Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.055377 Longitude: -104.989893 PDOP: 1.4 Measurement Date: 09/14/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306103 Location Type: Well Site ☐ No Location ID
Name: ERIE ROAD-61N68W Number: 15SWNE
County: WELD
Qtr Qtr: SWNE Section: 15 Township: 1N Range: 68W Meridian: 6
Latitude: 40.053202 Longitude: -104.987836

Flowline Start Point Riser

Latitude: 40.053185 Longitude: -104.987834 PDOP: 1.6 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: 10/29/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

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: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 04/30/2018

Description of Removal from Service

C&C 4/13/18. Flow line and tank battery removed 4/30/18.

OPERATOR COMMENTS AND SUBMITTAL

Comments The Erie Road 32-15 P&A is complete. The well head was cut and capped on 4/17/2019. The entire flow line (1,366 Feet) and tank battery were removed on 5/7/2019.
ERIE ROAD 32-15 05-123-23993 ERIE ROAD 32-15 FLOW LINE

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

Signed: _____ Date: 05/20/2019 Email: mike.holle@anadarko.com

Print 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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files