

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:

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 [X] 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**

**Att Doc Num**

**Name**

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

Total Attach: 0 Files