

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:

07/23/2018

Document Number:

401710565

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: 10311 Contact Person: Christi Ng  
Company Name: SRC ENERGY INC Phone: (720) 616.4385  
Address: 1675 BROADWAY SUITE 2600 Email: cng@srcenergy.com  
City: DENVER State: CO Zip: 80202  
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: 331212 Location Type: Production Facilities  
Name: HSR-LOT HOLDINGS-64N67W Number: 12SENE  
County: WELD  
Qtr Qtr: SENE Section: 12 Township: 4N Range: 67W Meridian: 6  
Latitude: 40.327697 Longitude: -104.831353

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456487 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.327460 Longitude: -104.830680 PDOP: 1.4 Measurement Date: 04/20/2017  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331212 Location Type: Well Site [ ] No Location ID  
Name: HSR-LOT HOLDINGS-64N67W Number: 12SENE  
County: WELD  
Qtr Qtr: SENE Section: 12 Township: 4N Range: 67W Meridian: 6  
Latitude: 40.327697 Longitude: -104.831353

Flowline Start Point Riser

Latitude: 40.327700 Longitude: -104.831350 PDOP: 1.4 Measurement Date: 04/20/2017  
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: 04/01/2001  
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: 07/23/2018 Email: cng@srcenergy.com

Print Name: Christi Ng Title: Sr. Regullary 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: 8/2/2018

**Attachment Check List**

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

Total Attach: 0 Files