

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:

07/30/2018

Document Number:

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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: 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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 331916 Location Type: Production Facilities
Name: LOT O-64N67W Number: 12SWNW
County: WELD
Qtr Qtr: SWNW Section: 12 Township: 4N Range: 67W Meridian: 6
Latitude: 40.327038 Longitude: -104.846846

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455976 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.326780 Longitude: -104.847030 PDOP: 1.5 Measurement Date: 03/06/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331916 Location Type: Well Site ☐ No Location ID
Name: LOT O-64N67W Number: 12SWNW
County: WELD
Qtr Qtr: SWNW Section: 12 Township: 4N Range: 67W Meridian: 6
Latitude: 40.327038 Longitude: -104.846846

Flowline Start Point Riser

Latitude: 40.326750 Longitude: -104.847080 PDOP: 1.5 Measurement Date: 03/06/2017
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: 07/01/2003
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Submittal of Form 44 flowline abandoned to follow registration.

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

Signed: _____ Date: 07/30/2018 Email: cng@srcenergy.com

Print Name: Christi Ng 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: 8/23/2018

Attachment Check List

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

Total Attach: 0 Files