

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

08/01/2018

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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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 447432 Location Type: Production Facilities
Name: Geisert 7-11 Number:
County: WELD
Qtr Qtr: SWNE Section: 11 Township: 5N Range: 65W Meridian: 6
Latitude: 40.414745 Longitude: -104.627390

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456878 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.414890 Longitude: -104.627300 PDOP: 2.7 Measurement Date: 04/04/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326737 Location Type: Well Site [] No Location ID
Name: GEISERT-65N65W Number: 11SWNE
County: WELD
Qtr Qtr: SWNE Section: 11 Township: 5N Range: 65W Meridian: 6
Latitude: 40.415535 Longitude: -104.628697

Flowline Start Point Riser

Latitude: 40.415850 Longitude: -104.628860 PDOP: 2.6 Measurement Date: 04/04/2017
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: 09/01/1987
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: 08/01/2018 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: 8/27/2018

Attachment Check List

Att Doc Num

Name

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

Total Attach: 0 Files