

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:

10/03/2018

Document Number:

401782871

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: 333287 Location Type: Production Facilities
Name: FLOCKHART Number: 12-45
County: WELD
Qtr Qtr: SWSE Section: 12 Township: 6N Range: 67W Meridian: 6
Latitude: 40.497930 Longitude: -104.837100

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458182 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.497810 Longitude: -104.837430 PDOP: 1.8 Measurement Date: 05/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302387 Location Type: Well Site ☐ No Location ID
Name: FLOCKHART-66N67W Number: 12SESE
County: WELD
Qtr Qtr: SESE Section: 12 Township: 6N Range: 67W Meridian: 6
Latitude: 40.496155 Longitude: -104.834040

Flowline Start Point Riser

Latitude: 40.496170 Longitude: -104.834060 PDOP: 2.6 Measurement Date: 05/11/2017
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: 09/01/2008
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: 10/03/2018 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: 10/18/2018

Attachment Check List**Att Doc Num****Name**

401782871	Form44 Submitted
-----------	------------------

Total Attach: 1 Files