

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

09/12/2018

Document Number:

401760810

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: 319284 Location Type: Production Facilities  
Name: JONES, WALTER-66N66W Number: 26SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 26 Township: 6N Range: 66W Meridian: 6  
Latitude: 40.461129 Longitude: -104.741951

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456479 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.461310 Longitude: -104.741940 PDOP: 2.0 Measurement Date: 06/01/2017  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330191 Location Type: Well Site [ ] No Location ID  
Name: W.JONES-66N66W Number: 26NWNE  
County: WELD  
Qtr Qtr: NWNE Section: 26 Township: 6N Range: 66W Meridian: 6  
Latitude: 40.464848 Longitude: -104.742083

Flowline Start Point Riser

Latitude: 40.464850 Longitude: -104.742070 PDOP: 2.0 Measurement Date: 06/01/2017  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: Native Materials Date Construction Completed: 11/01/1994  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 05/08/2018

**Description of Abandonment**

Flowline abandonment from well to separator on production facility as a part of well plugging and abandonment operation.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 460460 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.461310 Longitude: -104.741940 PDOP: 2.0 Measurement Date: 06/01/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 319284 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: JONES, WALTER-66N66W Number: 26SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 26 Township: 6N Range: 66W Meridian: 6  
Latitude: 40.461129 Longitude: -104.741951

**Flowline Start Point Riser**

Latitude: 40.461220 Longitude -104.741850 PDOP: 2.1 Measurement Date: 05/04/2017  
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: 11/01/1994  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

Submittal of Form 44 flowline abandoned to follow registration for the W. Jones 26-2G-6 wellsite location.

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

Signed: \_\_\_\_\_ Date: 09/12/2018 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: 1/2/2019

### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401760810	Form44 Submitted

Total Attach: 1 Files