

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:

12/04/2018

Document Number:

401860662

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) 616.4300
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: 461100 Location Type: Production Facilities
Name: Clarence Number: 1&2
County: WELD
Qtr Qtr: 2 Section: 18 Township: 6N Range: 65W Meridian: 6
Latitude: 40.482770 Longitude: -104.714980

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461631 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.482640 Longitude: -104.714850 PDOP: 1.6 Measurement Date: 05/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326775 Location Type: Well Site [] No Location ID
Name: CLARENCE-66N65W Number: 18NWSW
County: WELD
Qtr Qtr: NWSW Section: 18 Township: 6N Range: 65W Meridian: 6
Latitude: 40.486458 Longitude: -104.713545

Flowline Start Point Riser

Latitude: 40.486470 Longitude: -104.713530 PDOP: 2.1 Measurement Date: 05/09/2017
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: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461632 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.482620 Longitude: -104.714850 PDOP: 1.6 Measurement Date: 05/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327324 Location Type: Well Site No Location ID
Name: CLARENCE-66N65W Number: 18SWSW
County: WELD
Qtr Qtr: SWSW Section: 18 Township: 6N Range: 65W Meridian: 6
Latitude: 40.482831 Longitude: -104.713536

Flowline Start Point Riser

Latitude: 40.482840 Longitude: -104.713520 PDOP: 2.0 Measurement Date: 05/09/2017
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: 11/01/1989
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Flowline for the Clarence 1 CN will be abandoned when flowlines are registered.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 12/04/2018 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: 2/4/2019

Attachment Check List

Att Doc Num **Name**

401860662	Form44 Submitted
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Total Attach: 1 Files