

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:

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 ☒ 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

Total Attach: 1 Files