

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

12/04/2018

Document Number:

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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) 616.4300
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: 461101 Location Type: Production Facilities
Name: BUXMAN Number: 28-12, 15
County: WELD
Qtr Qtr: NWNE Section: 28 Township: 6N Range: 66W Meridian: 6
Latitude: 40.466360 Longitude: -104.780720

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461635 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.466340 Longitude: -104.780580 PDOP: 2.3 Measurement Date: 03/23/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310006 Location Type: Well Site [] No Location ID
Name: BUXMAN-66N66W Number: 28NWNE
County: WELD
Qtr Qtr: NWNE Section: 28 Township: 6N Range: 66W Meridian: 6
Latitude: 40.464830 Longitude: -104.780370

Flowline Start Point Riser

Latitude: 40.464810 Longitude: -104.780360 PDOP: 1.9 Measurement Date: 03/23/2017
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: 11/01/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461636 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.466360 Longitude: -104.780590 PDOP: 2.2 Measurement Date: 03/23/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310659 Location Type: Well Site No Location ID
Name: BUXMAN-66N66W Number: 28NWNE
County: WELD
Qtr Qtr: NWNE Section: 28 Township: 6N Range: 66W Meridian: 6
Latitude: 40.463000 Longitude: -104.778680

Flowline Start Point Riser

Latitude: 40.462990 Longitude: -104.778660 PDOP: 2.1 Measurement Date: 03/23/2017
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: 11/01/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Flowline abandonment to follow flowline registration.

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**

401860740

Form44 Submitted

Total Attach: 1 Files