

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:

11/27/2018

Document Number:

401851358

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: 323075 Location Type: Production Facilities
Name: STATE-HOPPE-66N66W Number: 16NESW
County: WELD
Qtr Qtr: NESW Section: 16 Township: 6N Range: 66W Meridian: 6
Latitude: 40.486422 Longitude: -104.785949

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461864 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.486510 Longitude: -104.786210 PDOP: 2.0 Measurement Date: 05/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305964 Location Type: Well Site [] No Location ID
Name: BURMAN-66N66W Number: 16NWSE
County: WELD
Qtr Qtr: NWSE Section: 16 Township: 6N Range: 66W Meridian: 6
Latitude: 40.486460 Longitude: -104.779760

Flowline Start Point Riser

Latitude: 40.486500 Longitude: -104.779750 PDOP: 2.2 Measurement Date: 05/01/2017
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: 05/01/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461865 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.486500 Longitude: -104.786210 PDOP: 2.0 Measurement Date: 05/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306016 Location Type: Well Site No Location ID
Name: BURMAN-66N66W Number: 16SWSE
County: WELD
Qtr Qtr: SWSE Section: 16 Township: 6N Range: 66W Meridian: 6
Latitude: 40.482340 Longitude: -104.779780

Flowline Start Point Riser

Latitude: 40.482330 Longitude: -104.779810 PDOP: 2.1 Measurement Date: 05/01/2017
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: 07/01/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461866 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.486510 Longitude: -104.786220 PDOP: 2.1 Measurement Date: 05/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323075 Location Type: Well Site No Location ID
Name: STATE-HOPPE-66N66W Number: 16NESW
County: WELD
Qtr Qtr: NESW Section: 16 Township: 6N Range: 66W Meridian: 6
Latitude: 40.486422 Longitude: -104.785949

Flowline Start Point Riser

Latitude: 40.486410 Longitude -104.785950 PDOP: 2.2 Measurement Date: 05/01/2017

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: 07/01/1985

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Will submit 44 to abandon flowline following 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: 11/27/2018 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: 2/11/2019

Attachment Check List

Att Doc Num	Name
401851358	Form44 Submitted

Total Attach: 1 Files