

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:

11/27/2018

Document Number:

401851665

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: 423599 Location Type: Production Facilities
Name: E.L. MINCH Number: FACILITY
County: WELD
Qtr Qtr: NENW Section: 9 Township: 3N Range: 68W Meridian: 6
Latitude: 40.247370 Longitude: -105.010530

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463408 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.247360 Longitude: -105.009260 PDOP: 2.9 Measurement Date: 05/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 423580 Location Type: Well Site ☐ No Location ID
Name: E.L. MINCH Number: 21-9
County: WELD
Qtr Qtr: NENW Section: 9 Township: 3N Range: 68W Meridian: 6
Latitude: 40.245850 Longitude: -105.010550

Flowline Start Point Riser

Latitude: 40.245860 Longitude: -105.010550 PDOP: 4.5 Measurement Date: 05/07/2017
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: 03/01/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463409 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.247360 Longitude: -105.009260 PDOP: 2.9 Measurement Date: 05/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 423580 Location Type: Well Site ☐ No Location ID
Name: E.L. MINCH Number: 21-9
County: WELD
Qtr Qtr: NENW Section: 9 Township: 3N Range: 68W Meridian: 6
Latitude: 40.245850 Longitude: -105.010550

Flowline Start Point Riser

Latitude: 40.245750 Longitude: -105.010550 PDOP: 3.7 Measurement Date: 05/07/2017
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: 03/01/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463410 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.247430 Longitude: -105.009210 PDOP: 3.6 Measurement Date: 05/07/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 423580 Location Type: Well Site ☐ No Location ID
Name: E.L. MINCH Number: 21-9
County: WELD
Qtr Qtr: NENW Section: 9 Township: 3N Range: 68W Meridian: 6
Latitude: 40.245850 Longitude: -105.010550

Flowline Start Point Riser

Latitude: 40.245800 Longitude -105.010550 PDOP: 5.3 Measurement Date: 05/07/2017

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: 03/01/2012

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments Flowline abandonment Form 44 to be submitted after registration is approved.

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: 3/21/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401851665	Form44 Submitted

Total Attach: 1 Files