

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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OGCC RECEPTION

Receive Date:

04/11/2019

Document Number:

402005250

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: 447564 Location Type: Production Facilities
Name: REYNOLDS 1,2 Number:
County: WELD
Qtr Qtr: NWSW Section: 28 Township: 5N Range: 65W Meridian: 6
Latitude: 40.369491 Longitude: -104.675544

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463869 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser
Latitude: 40.369450 Longitude: -104.675610 PDOP: 1.8 Measurement Date: 03/06/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319278 Location Type: Well Site [] No Location ID
Name: REYNOLDS-65N65W Number: 28NWSW
County: WELD
Qtr Qtr: NWSW Section: 28 Township: 5N Range: 65W Meridian: 6
Latitude: 40.368620 Longitude: -104.675570

Flowline Start Point Riser

Latitude: 40.368600 Longitude: -104.675560 PDOP: 1.8 Measurement Date: 03/06/2017
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: 01/01/1983
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463870 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.369440 Longitude: -104.675600 PDOP: 2.3 Measurement Date: 03/06/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323158 Location Type: Well Site No Location ID
Name: REYNOLDS-65N65W Number: 28SWNW
County: WELD
Qtr Qtr: SWNW Section: 28 Township: 5N Range: 65W Meridian: 6
Latitude: 40.371950 Longitude: -104.675190

Flowline Start Point Riser

Latitude: 40.371930 Longitude: -104.675160 PDOP: 1.8 Measurement Date: 03/06/2017
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: 08/01/1985
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 04/11/2019 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: 4/12/2019

Attachment Check List

Att Doc Num **Name**

402005250	Form44 Submitted
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Total Attach: 1 Files