

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: 04/11/2019 Document Number: 402005299

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: 465085 Location Type: Production Facilities
Name: BUNN Number: K1-35\_I35-14\_25
County: WELD
Qtr Qtr: SESW Section: 35 Township: 6N Range: 66W Meridian: 6
Latitude: 40.440612 Longitude: -104.749722

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465351 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.440460 Longitude: -104.749850 PDOP: 2.1 Measurement Date: 03/20/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319270 Location Type: Well Site [ ] No Location ID
Name: BUNN-66N66W Number: 35SWSW
County: WELD
Qtr Qtr: SWSW Section: 35 Township: 6N Range: 66W Meridian: 6
Latitude: 40.438921 Longitude: -104.751939

Flowline Start Point Riser

Latitude: 40.438930 Longitude: -104.751940 PDOP: 2.2 Measurement Date: 03/20/2017
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: 02/01/1983  
 Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
 Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465352 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.440460 Longitude: -104.749840 PDOP: 2.1 Measurement Date: 03/20/2017  
 Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 305581 Location Type: Well Site  No Location ID  
 Name: BUNN I-66N66W Number: 35SESW  
 County: WELD  
 Qtr Qtr: SESW Section: 35 Township: 6N Range: 66W Meridian: 6  
 Latitude: 40.440470 Longitude: -104.749080

**Flowline Start Point Riser**

Latitude: 40.440360 Longitude: -104.749000 PDOP: 2.2 Measurement Date: 03/20/2017  
 :  
 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: 09/01/2005  
 Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
 Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465353 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.440450 Longitude: -104.749840 PDOP: 2.1 Measurement Date: 03/20/2017  
 Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 305635 Location Type: Well Site  No Location ID  
 Name: BUNN I-66N66W Number: 35SESW  
 County: WELD  
 Qtr Qtr: SESW Section: 35 Township: 6N Range: 66W Meridian: 6  
 Latitude: 40.438659 Longitude: -104.746400

**Flowline Start Point Riser**

Latitude: 40.438650 Longitude -104.746410 PDOP: 2.3 Measurement Date: 03/20/2017

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: 10/01/2005

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: 6/14/2019

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402005299	Form44 Submitted

Total Attach: 1 Files