

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:

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 ☒ 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

Att Doc Num

Name

402005299

Form44 Submitted

Total Attach: 1 Files