

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:

08/23/2019

Document Number:

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## 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: 450482 Location Type: Production Facilities  
Name: GUTFELDER 3-30 & 18-30 BATTERY Number:  
County: WELD  
Qtr Qtr: SESW Section: 19 Township: 4N Range: 66W Meridian: 6  
Latitude: 40.289765 Longitude: -104.820697

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466948 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.289796 Longitude: -104.821121 PDOP: 1.1 Measurement Date: 07/03/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 330203 Location Type: Well Site ☐ No Location ID  
Name: HSR-GUTFELDER-64N66W Number: 30NENW  
County: WELD  
Qtr Qtr: NENW Section: 30 Township: 4N Range: 66W Meridian: 6  
Latitude: 40.288708 Longitude: -104.822836

**Flowline Start Point Riser**

Latitude: 40.288703 Longitude: -104.822866 PDOP: 1.0 Measurement Date: 07/03/2019  
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: 12/27/2003  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466949 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.289792 Longitude: -104.821153 PDOP: 1.0 Measurement Date: 07/03/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332190 Location Type: Well Site ☐ No Location ID  
Name: GUTFELDER-64N66W Number: 30NENW  
County: WELD  
Qtr Qtr: NENW Section: 30 Township: 4N Range: 66W Meridian: 6  
Latitude: 40.286506 Longitude: -104.824844

**Flowline Start Point Riser**

Latitude: 40.286512 Longitude: -104.824872 PDOP: 1.0 Measurement Date: 07/03/2019  
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: 12/27/2003  
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: 08/23/2019 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: 8/23/2019

**Attachment Check List**

**Att Doc Num****Name**

402152396

Form44 Submitted

Total Attach: 1 Files