

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: 08/27/2019

Document Number: 402155577

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: 326833 Location Type: Production Facilities
Name: HULL-64N67W Number: 1SEW
County: WELD
Qtr Qtr: SENW Section: 1 Township: 4N Range: 67W Meridian: 6
Latitude: 40.343869 Longitude: -104.841240

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.344251 Longitude: -104.841654 PDOP: 1.4 Measurement Date: 07/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326706 Location Type: Well Site [] No Location ID
Name: BERNHARDT-64N67W Number: 1NENW
County: WELD
Qtr Qtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6
Latitude: 40.346820 Longitude: -104.842310

Flowline Start Point Riser

Latitude: 40.346830 Longitude: -104.842349 PDOP: 1.1 Measurement Date: 07/23/2019
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: 06/01/1987
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.344251 Longitude: -104.841564 PDOP: 1.1 Measurement Date: 07/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416041 Location Type: Well Site No Location ID
Name: BERNHARDT Number: 31-1
County: WELD
Qtr Qtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6
Latitude: 40.345150 Longitude: -104.841330

Flowline Start Point Riser

Latitude: 40.344970 Longitude: -104.841334 PDOP: 1.0 Measurement Date: 07/13/2019
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: 04/19/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.344224 Longitude: -104.841722 PDOP: 1.4 Measurement Date: 07/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416041 Location Type: Well Site No Location ID
Name: BERNHARDT Number: 31-1
County: WELD
Qtr Qtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6
Latitude: 40.345150 Longitude: -104.841330

Flowline Start Point Riser

Latitude: 40.345275 Longitude -104.841340 PDOP: 1.0 Measurement Date: 07/13/2019

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: 04/19/2010
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.344231 Longitude: -104.841657 PDOP: 1.3 Measurement Date: 07/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416041 Location Type: Well Site No Location ID
Name: BERNHARDT Number: 31-1
County: WELD
Qtr Qtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6
Latitude: 40.345150 Longitude: -104.841330

Flowline Start Point Riser

Latitude: 40.345192 Longitude -104.841342 PDOP: 1.0 Measurement Date: 07/13/2019
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: 04/19/2010
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.344263 Longitude: -104.841579 PDOP: 1.1 Measurement Date: 07/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416041 Location Type: Well Site No Location ID
Name: BERNHARDT Number: 31-1
County: WELD

Qtr Qtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6
Latitude: 40.345150 Longitude: -104.841330

Flowline Start Point Riser

Latitude: 40.345063 Longitude -104.841340 PDOP: 1.0 Measurement Date: 07/13/2019
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: 04/19/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.344245 Longitude: -104.841716 PDOP: 1.3 Measurement Date: 07/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416041 Location Type: Well Site No Location ID
Name: BERNHARDT Number: 31-1
County: WELD
Qtr Qtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6
Latitude: 40.345150 Longitude: -104.841330

Flowline Start Point Riser

Latitude: 40.345239 Longitude -104.841335 PDOP: 1.1 Measurement Date: 07/13/2019
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: 04/19/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.344249 Longitude: -104.841565 PDOP: 1.1 Measurement Date: 07/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416041 Location Type: Well Site No Location ID

Name: BERNHARDT Number: 31-1

County: WELD

Qtr Qtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6

Latitude: 40.345150 Longitude: -104.841330

Flowline Start Point Riser

Latitude: 40.345023 Longitude -104.841343 PDOP: 1.1 Measurement Date: 07/13/2019

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: 04/19/2010

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.344223 Longitude: -104.841712 PDOP: 1.1 Measurement Date: 07/13/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331417 Location Type: Well Site No Location ID

Name: BERNHARDT-64N67W Number: 1SWNW

County: WELD

Qtr Qtr: SWNW Section: 1 Township: 4N Range: 67W Meridian: 6

Latitude: 40.343046 Longitude: -104.845802

Flowline Start Point Riser

Latitude: 40.343055 Longitude -104.845780 PDOP: 1.0 Measurement Date: 07/13/2019

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: 03/30/2004

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.344249 Longitude: -104.841716 PDOP: 1.1 Measurement Date: 07/13/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326833 Location Type: Well Site No Location ID

Name: HULL-64N67W Number: 1SEW

County: WELD

Qtr Qtr: SENW Section: 1 Township: 4N Range: 67W Meridian: 6

Latitude: 40.343869 Longitude: -104.841240

Flowline Start Point Riser

Latitude: 40.343917 Longitude: -104.841206 PDOP: 1.1 Measurement Date: 07/13/2019

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: 01/09/1987

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.344236 Longitude: -104.841577 PDOP: 1.3 Measurement Date: 07/13/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416041 Location Type: Well Site No Location ID

Name: BERNHARDT Number: 31-1

County: WELD

Qtr Qtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6

Latitude: 40.345150 Longitude: -104.841330

Flowline Start Point Riser

Latitude: 40.345105 Longitude: -104.841340 PDOP: 1.0 Measurement Date: 07/13/2019

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: 04/19/2010

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.344249 Longitude: -104.841643 PDOP: 1.3 Measurement Date: 07/13/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416041 Location Type: _____ Well Site No Location ID

Name: BERNHARDT Number: 31-1

County: WELD

Qtr Qtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6

Latitude: 40.345150 Longitude: -104.841330

Flowline Start Point Riser

Latitude: 40.345147 Longitude -104.841337 PDOP: 1.0 Measurement Date: 07/13/2019

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: 04/19/2010

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: 08/27/2019 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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files