

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: 09/16/2019 Document Number: 402173392

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: 332744 Location Type: Production Facilities Name: LINHART-65N66W Number: 33NENW County: WELD Qtr Qtr: NENW Section: 33 Township: 5N Range: 66W Meridian: 6 Latitude: 40.361869 Longitude: -104.787755

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.362774 Longitude: -104.791314 PDOP: 0.9 Measurement Date: 07/25/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302605 Location Type: Well Site [] No Location ID Name: ASHTON J Number: 33-19 County: WELD Qtr Qtr: NWNW Section: 33 Township: 5N Range: 66W Meridian: 6 Latitude: 40.360080 Longitude: -104.789650

Flowline Start Point Riser

Latitude: 40.360048 Longitude: -104.789629 PDOP: 0.9 Measurement Date: 07/25/2019 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: 03/17/2010
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: 40.362771 Longitude: -104.791306 PDOP: 1.0 Measurement Date: 07/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302605 Location Type: Well Site No Location ID
Name: ASHTON J Number: 33-19
County: WELD
Qtr Qtr: NWNW Section: 33 Township: 5N Range: 66W Meridian: 6
Latitude: 40.360080 Longitude: -104.789650

Flowline Start Point Riser

Latitude: 40.360010 Longitude: -104.789561 PDOP: 1.0 Measurement Date: 07/25/2019
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: 03/17/2010
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: 40.362763 Longitude: -104.791327 PDOP: 1.0 Measurement Date: 07/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302605 Location Type: Well Site No Location ID
Name: ASHTON J Number: 33-19
County: WELD
Qtr Qtr: NWNW Section: 33 Township: 5N Range: 66W Meridian: 6
Latitude: 40.360080 Longitude: -104.789650

Flowline Start Point Riser

Latitude: 40.359936 Longitude -104.789490 PDOP: 1.1 Measurement Date: 07/25/2019

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: 03/17/2010
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: 40.362751 Longitude: -104.791330 PDOP: 0.9 Measurement Date: 07/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332744 Location Type: Well Site No Location ID
Name: LINHART-65N66W Number: 33NENW
County: WELD
Qtr Qtr: NENW Section: 33 Township: 5N Range: 66W Meridian: 6
Latitude: 40.361869 Longitude: -104.787755

Flowline Start Point Riser

Latitude: 40.361865 Longitude -104.787773 PDOP: 0.9 Measurement Date: 07/25/2019
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: 03/06/1992
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: 40.362762 Longitude: -104.791317 PDOP: 1.0 Measurement Date: 07/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302605 Location Type: Well Site No Location ID
Name: ASHTON J Number: 33-19
County: WELD

Qtr Qtr: NWNW Section: 33 Township: 5N Range: 66W Meridian: 6
Latitude: 40.360080 Longitude: -104.789650

Flowline Start Point Riser

Latitude: 40.359971 Longitude -104.789536 PDOP: 1.0 Measurement Date: 07/25/2019
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: 03/17/2010
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: 40.362772 Longitude: -104.791282 PDOP: 0.9 Measurement Date: 07/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302605 Location Type: _____ Well Site No Location ID
Name: ASHTON J Number: 33-19
County: WELD
Qtr Qtr: NWNW Section: 33 Township: 5N Range: 66W Meridian: 6
Latitude: 40.360080 Longitude: -104.789650

Flowline Start Point Riser

Latitude: 40.360095 Longitude -104.789683 PDOP: 1.0 Measurement Date: 07/25/2019
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: 03/17/2010
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: 09/16/2019 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**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files