

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:

09/17/2019

Document Number:

402177730

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: 336571 Location Type: Production Facilities
Name: BARNETT-65N66W Number: 20NWNW
County: WELD
Qtr Qtr: NWNW Section: 20 Township: 5N Range: 66W Meridian: 6
Latitude: 40.389930 Longitude: -104.810810

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.389639 Longitude: -104.810638 PDOP: 1.0 Measurement Date: 08/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336571 Location Type: Well Site ☐ No Location ID
Name: BARNETT-65N66W Number: 20NWNW
County: WELD
Qtr Qtr: NWNW Section: 20 Township: 5N Range: 66W Meridian: 6
Latitude: 40.389930 Longitude: -104.810810

Flowline Start Point Riser

Latitude: 40.389921 Longitude: -104.810646 PDOP: 0.9 Measurement Date: 08/01/2019
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: 12/01/1986
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: 40.389633 Longitude: -104.810544 PDOP: 1.1 Measurement Date: 08/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305215 Location Type: _____ Well Site ☐ No Location ID
Name: STUGART-65N66W Number: 20NENW
County: WELD
Qtr Qtr: NENW Section: 20 Township: 5N Range: 66W Meridian: 6
Latitude: 40.389920 Longitude: -104.805330

Flowline Start Point Riser

Latitude: 40.389930 Longitude: -104.805342 PDOP: 0.8 Measurement Date: 08/01/2019
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: 07/15/2005
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: 40.389632 Longitude: -104.810616 PDOP: 1.0 Measurement Date: 08/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336571 Location Type: _____ Well Site ☐ No Location ID
Name: BARNETT-65N66W Number: 20NWNW
County: WELD
Qtr Qtr: NWNW Section: 20 Township: 5N Range: 66W Meridian: 6
Latitude: 40.389930 Longitude: -104.810810

Flowline Start Point Riser

Latitude: 40.389933 Longitude -104.810822 PDOP: 0.9 Measurement Date: 08/01/2019

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: 12/01/1986

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: 40.389621 Longitude: -104.810568 PDOP: 1.2 Measurement Date: 08/01/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332647 Location Type: Well Site ☐ No Location ID

Name: STUGART-65N66W Number: 20SENW

County: WELD

Qtr Qtr: SENW Section: 20 Township: 5N Range: 66W Meridian: 6

Latitude: 40.387370 Longitude: -104.806340

Flowline Start Point Riser

Latitude: 40.387358 Longitude -104.806343 PDOP: 0.9 Measurement Date: 08/01/2019

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: 07/10/2005

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: 40.389633 Longitude: -104.810595 PDOP: 0.9 Measurement Date: 08/01/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332687 Location Type: Well Site ☐ No Location ID

Name: BARNETT-65N66W Number: 20SWNW

County: WELD

Qtr Qtr: SWNW Section: 20 Township: 5N Range: 66W Meridian: 6
Latitude: 40.386500 Longitude: -104.810520

Flowline Start Point Riser

Latitude: 40.386598 Longitude -104.810627 PDOP: 1.0 Measurement Date: 08/01/2019
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: 07/03/2005
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: 40.389652 Longitude: -104.810577 PDOP: 0.8 Measurement Date: 08/17/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332687 Location Type: Well Site ☐ No Location ID
Name: BARNETT-65N66W Number: 20SWNW
County: WELD
Qtr Qtr: SWNW Section: 20 Township: 5N Range: 66W Meridian: 6
Latitude: 40.386500 Longitude: -104.810520

Flowline Start Point Riser

Latitude: 40.386506 Longitude -104.810545 PDOP: 0.9 Measurement Date: 08/01/2019
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: 07/03/2005
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: 40.389663 Longitude: -104.810559 PDOP: 0.9 Measurement Date: 08/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332647 Location Type: Well Site ☐ No Location ID

Name: STUGART-65N66W Number: 20SEnw

County: WELD

Qtr Qtr: SEnw Section: 20 Township: 5N Range: 66W Meridian: 6

Latitude: 40.387370 Longitude: -104.806340

Flowline Start Point Riser

Latitude: 40.387355 Longitude -104.806496 PDOP: 1.0 Measurement Date: 08/01/2019

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: 07/10/2005

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: 09/17/2019 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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files