

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: 08/23/2019 Document Number: 402152459

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) 606-4300 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: 447371 Location Type: Production Facilities Name: JOHNSON 17-1, KNUTSON K17-25 Number: County: WELD Qtr Qtr: SWSW Section: 17 Township: 4N Range: 66W Meridian: 6 Latitude: 40.307930 Longitude: -104.808985

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470517 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.307977 Longitude: -104.808849 PDOP: 1.0 Measurement Date: 07/03/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413278 Location Type: Well Site [] No Location ID Name: KNUTSON K Number: 17-25 County: WELD Qtr Qtr: SESW Section: 17 Township: 4N Range: 66W Meridian: 6 Latitude: 40.307594 Longitude: -104.806252

Flowline Start Point Riser

Latitude: 40.307603 Longitude: -104.806262 PDOP: 0.8 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: 09/30/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470518 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.307985 Longitude: -104.808861 PDOP: 1.0 Measurement Date: 07/03/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319097 Location Type: Well Site No Location ID
Name: JOHNSON-64N66W Number: 17SWSW
County: WELD
Qtr Qtr: SWSW Section: 17 Township: 4N Range: 66W Meridian: 6
Latitude: 40.306418 Longitude: -104.808793

Flowline Start Point Riser

Latitude: 40.306428 Longitude: -104.808807 PDOP: 0.8 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: 05/15/1982
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

[Empty text box for operator 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: 1/3/2020

Attachment Check List

Att Doc Num **Name**

402152459	Form44 Submitted
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Total Attach: 1 Files