

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: 08/26/2019 Document Number: 402153553

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: 470528 Location Type: Production Facilities
Name: BIG BEND UPRR-64N66W Number: 19NENE
County: WELD
Qtr Qtr: NENE Section: 19 Township: 4N Range: 66W Meridian: 6
Latitude: 40.302507 Longitude: -104.811867

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470530 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.302507 Longitude: -104.811867 PDOP: 0.9 Measurement Date: 07/10/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327520 Location Type: Well Site [ ] No Location ID
Name: BIG BEND UPRR-64N66W Number: 19NENE
County: WELD
Qtr Qtr: NENE Section: 19 Township: 4N Range: 66W Meridian: 6
Latitude: 40.302567 Longitude: -104.812722

Flowline Start Point Riser

Latitude: 40.302578 Longitude: -104.812733 PDOP: 0.9 Measurement Date: 07/10/2019
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: 10/13/1990  
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: 08/26/2019 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402153553	Form44 Submitted

Total Attach: 1 Files