

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: 09/24/2019 Document Number: 402178880

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: 447442 Location Type: Production Facilities Name: CALVIN 1 Number: County: WELD Qtr Qtr: SESE Section: 21 Township: 5N Range: 66W Meridian: 6 Latitude: 40.379213 Longitude: -104.775309

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.379253 Longitude: -104.775580 PDOP: 0.9 Measurement Date: 09/09/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319102 Location Type: Well Site [] No Location ID Name: CALVIN-65N66W Number: 21SESE County: WELD Qtr Qtr: SESE Section: 21 Township: 5N Range: 66W Meridian: 6 Latitude: 40.379410 Longitude: -104.777250

Flowline Start Point Riser

Latitude: 40.379396 Longitude: -104.777258 PDOP: 0.8 Measurement Date: 09/09/2019 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: 04/19/1982
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: 09/24/2019 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

Att Doc Num	Name

Total Attach: 0 Files