

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:

09/24/2019

Document Number:

402178995

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: 424410 Location Type: Production Facilities
Name: AMBER G Number: 06-22D
County: WELD
Qtr Qtr: NESE Section: 6 Township: 4N Range: 65W Meridian: 6
Latitude: 40.338880 Longitude: -104.700820

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.339262 Longitude: -104.700387 PDOP: 0.9 Measurement Date: 08/16/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 424410 Location Type: Well Site ☐ No Location ID
Name: AMBER G Number: 06-22D
County: WELD
Qtr Qtr: NESE Section: 6 Township: 4N Range: 65W Meridian: 6
Latitude: 40.338880 Longitude: -104.700820

Flowline Start Point Riser

Latitude: 40.338758 Longitude: -104.700777 PDOP: 1.1 Measurement Date: 08/16/2019
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: 03/03/2012
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: 40.339265 Longitude: -104.700382 PDOP: 1.0 Measurement Date: 08/16/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336695 Location Type: _____ Well Site ☐ No Location ID
Name: CURTIS G-64N65W Number: 6SWNE
County: WELD
Qtr Qtr: SWNE Section: 6 Township: 4N Range: 65W Meridian: 6
Latitude: 40.342080 Longitude: -104.703590

Flowline Start Point Riser

Latitude: 40.342099 Longitude: -104.703629 PDOP: 1.0 Measurement Date: 08/16/2019
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: 01/18/2014
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: 40.339337 Longitude: -104.700278 PDOP: 1.0 Measurement Date: 08/16/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327607 Location Type: _____ Well Site ☐ No Location ID
Name: DEVOTIE-64N65W Number: 6SWSE
County: WELD
Qtr Qtr: SWSE Section: 6 Township: 4N Range: 65W Meridian: 6
Latitude: 40.336210 Longitude: -104.703650

Flowline Start Point Riser

Latitude: 40.336204 Longitude -104.703684 PDOP: 1.2 Measurement Date: 08/16/2019

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: 01/14/1991

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: 40.339259 Longitude: -104.700394 PDOP: 0.9 Measurement Date: 08/09/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 424410 Location Type: Well Site ☐ No Location ID

Name: AMBER G Number: 06-22D

County: WELD

Qtr Qtr: NESE Section: 6 Township: 4N Range: 65W Meridian: 6

Latitude: 40.338880 Longitude: -104.700820

Flowline Start Point Riser

Latitude: 40.338869 Longitude -104.700810 PDOP: 1.1 Measurement Date: 08/16/2019

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: 03/03/2012

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: 40.339330 Longitude: -104.700282 PDOP: 0.9 Measurement Date: 08/16/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 424410 Location Type: Well Site ☐ No Location ID

Name: AMBER G Number: 06-22D

County: WELD

Qtr Qtr: NESE Section: 6 Township: 4N Range: 65W Meridian: 6
Latitude: 40.338880 Longitude: -104.700820

Flowline Start Point Riser

Latitude: 40.338821 Longitude -104.700800 PDOP: 1.1 Measurement Date: 08/16/2019
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: 03/03/2012
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: 40.339251 Longitude: -104.700377 PDOP: 1.0 Measurement Date: 08/16/2019
Equipment at End Point Riser: Custody Transfer Point

Flowline Start Point Location Identification

Location ID: 336695 Location Type: _____ Well Site ☐ No Location ID
Name: CURTIS G-64N65W Number: 6SWNE
County: WELD
Qtr Qtr: SWNE Section: 6 Township: 4N Range: 65W Meridian: 6
Latitude: 40.342080 Longitude: -104.703590

Flowline Start Point Riser

Latitude: 40.342220 Longitude -104.703590 PDOP: 1.0 Measurement Date: 08/16/2019
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: 09/24/1997
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

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