

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:

402179704

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: 332591 Location Type: Production Facilities
Name: HSR-LYNCH-64N65W Number: 18SWNW
County: WELD
Qtr Qtr: SWNW Section: 18 Township: 4N Range: 65W Meridian: 6
Latitude: 40.314840 Longitude: -104.713470

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471321 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.317000 Longitude: -104.712818 PDOP: 1.3 Measurement Date: 08/21/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332591 Location Type: Well Site ☐ No Location ID
Name: HSR-LYNCH-64N65W Number: 18SWNW
County: WELD
Qtr Qtr: SWNW Section: 18 Township: 4N Range: 65W Meridian: 6
Latitude: 40.314840 Longitude: -104.713470

Flowline Start Point Riser

Latitude: 40.314729 Longitude: -104.713426 PDOP: 1.1 Measurement Date: 08/21/2019
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: 02/12/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471322 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.316992 Longitude: -104.712857 PDOP: 1.0 Measurement Date: 08/21/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332591 Location Type: Well Site ☐ No Location ID
Name: HSR-LYNCH-64N65W Number: 18SWNW
County: WELD
Qtr Qtr: SWNW Section: 18 Township: 4N Range: 65W Meridian: 6
Latitude: 40.314840 Longitude: -104.713470

Flowline Start Point Riser

Latitude: 40.314832 Longitude: -104.713490 PDOP: 0.8 Measurement Date: 08/21/2019
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: 01/03/1993
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471323 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.316997 Longitude: -104.712876 PDOP: 1.0 Measurement Date: 08/21/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328975 Location Type: Well Site ☐ No Location ID
Name: HSR-LORENZEN-64N65W Number: 18NWNW
County: WELD
Qtr Qtr: NWNW Section: 18 Township: 4N Range: 65W Meridian: 6
Latitude: 40.318010 Longitude: -104.713130

Flowline Start Point Riser

Latitude: 40.318001 Longitude -104.713152 PDOP: 0.9 Measurement Date: 08/21/2019

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: 12/28/1992

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471324 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.316989 Longitude: -104.712841 PDOP: 1.0 Measurement Date: 08/21/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332591 Location Type: Well Site ☐ No Location ID

Name: HSR-LYNCH-64N65W Number: 18SWNW

County: WELD

Qtr Qtr: SWNW Section: 18 Township: 4N Range: 65W Meridian: 6

Latitude: 40.314840 Longitude: -104.713470

Flowline Start Point Riser

Latitude: 40.314721 Longitude -104.713548 PDOP: 0.9 Measurement Date: 08/21/2019

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: 02/12/2010

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471325 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.316997 Longitude: -104.712829 PDOP: 1.2 Measurement Date: 08/21/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332591 Location Type: Well Site ☐ No Location ID

Name: HSR-LYNCH-64N65W Number: 18SWNW

County: WELD

Qtr Qtr: SWNW Section: 18 Township: 4N Range: 65W Meridian: 6
Latitude: 40.314840 Longitude: -104.713470

Flowline Start Point Riser

Latitude: 40.314728 Longitude -104.713501 PDOP: 1.0 Measurement Date: 08/21/2019

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: 02/12/2010

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: 2/11/2020

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|--------------------|
| 402179704 | Form44 Submitted |

Total Attach: 1 Files