

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: 402181214

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: 302865 Location Type: Production Facilities Name: OSTER G-64N65W Number: 30SWSE County: WELD Qtr Qtr: SWSE Section: 30 Township: 4N Range: 65W Meridian: 6 Latitude: 40.279660 Longitude: -104.705930

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466322 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.282900 Longitude: -104.699913 PDOP: Measurement Date: 07/10/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302864 Location Type: Well Site [] No Location ID Name: OSTER G-64N65W Number: 30NESE County: WELD Qtr Qtr: NESE Section: 30 Township: 4N Range: 65W Meridian: 6 Latitude: 40.280250 Longitude: -104.701240

Flowline Start Point Riser

Latitude: 40.280250 Longitude: -104.701240 PDOP: 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: 12/17/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 07/10/2019

Description of Removal from Service

Purged fluids, abandoned in place, cut risers below ground and plugged both ends.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471278 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.282998 Longitude: -104.700129 PDOP: 1.1 Measurement Date: 08/23/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318573 Location Type: _____ Well Site No Location ID

Name: OSTER-MOLANDER-64N65W Number: 30NWSE

County: WELD

Qtr Qtr: NWSE Section: 30 Township: 4N Range: 65W Meridian: 6

Latitude: 40.280694 Longitude: -104.702639

Flowline Start Point Riser

Latitude: 40.280692 Longitude: -104.702641 PDOP: 1.1 Measurement Date: 08/23/2019

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: 02/17/1978
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466323 Flowline Type: Production Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.282900 Longitude: -104.700099 PDOP: _____ Measurement Date: 07/10/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302865 Location Type: _____ Well Site No Location ID

Name: OSTER G-64N65W Number: 30SWSE

County: WELD

Qtr Qtr: SWSE Section: 30 Township: 4N Range: 65W Meridian: 6

Latitude: 40.279660 Longitude: -104.705930

Flowline Start Point Riser

Latitude: 40.279660 Longitude -104.705930 PDOP: _____ 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: 12/30/2009

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 07/10/2019

Description of Removal from Service

Purged fluids, abandoned in place, cut risers below ground and plugged both ends.

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

Att Doc Num	Name
402181214	Form44 Submitted

Total Attach: 1 Files