

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: 10/24/2019 Document Number: 402153605

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: 330873 Location Type: Production Facilities Name: SCOTTDALE-64N67W Number: 26NESE County: WELD Qtr Qtr: NESE Section: 26 Township: 4N Range: 67W Meridian: 6 Latitude: 40.281366 Longitude: -104.850392

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471351 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.281710 Longitude: -104.850260 PDOP: 0.9 Measurement Date: 07/11/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330873 Location Type: Well Site [ ] No Location ID Name: SCOTTDALE-64N67W Number: 26NESE County: WELD Qtr Qtr: NESE Section: 26 Township: 4N Range: 67W Meridian: 6 Latitude: 40.281366 Longitude: -104.850392

Flowline Start Point Riser

Latitude: 40.281374 Longitude: -104.850422 PDOP: 0.9 Measurement Date: 07/11/2019 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: 11/10/1999  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 471352 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.281706 Longitude: -104.850264 PDOP: 1.0 Measurement Date: 07/11/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 330889 Location Type: Well Site  No Location ID  
Name: SCOTTSDALE-64N67W Number: 26SWSE  
County: WELD  
Qtr Qtr: SWSE Section: 26 Township: 4N Range: 67W Meridian: 6  
Latitude: 40.278245 Longitude: -104.856299

**Flowline Start Point Riser**

Latitude: 40.278245 Longitude: -104.856299 PDOP: 0.9 Measurement Date: 07/11/2019  
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: 11/04/1999  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

[Empty text box for operator comments]

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 10/24/2019 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**

402153605	Form44 Submitted
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Total Attach: 1 Files