

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: 09/30/2019 Document Number: 402184954

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: 332600 Location Type: Production Facilities Name: FRITZLER-64N66W Number: 22SWNE County: WELD Qtr Qtr: SWNE Section: 22 Township: 4N Range: 66W Meridian: 6 Latitude: 40.299060 Longitude: -104.761690

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471356 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.301164 Longitude: -104.760232 PDOP: 0.8 Measurement Date: 09/05/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332549 Location Type: Well Site [] No Location ID Name: FRITZLER B-64N66W Number: 22NWNE County: WELD Qtr Qtr: NWNE Section: 22 Township: 4N Range: 66W Meridian: 6 Latitude: 40.301220 Longitude: -104.759830

Flowline Start Point Riser

Latitude: 40.301210 Longitude: -104.759874 PDOP: 0.8 Measurement Date: 09/05/2019 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: 12/09/1973
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471357 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.301173 Longitude: -104.760224 PDOP: 1.0 Measurement Date: 09/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305137 Location Type: Well Site No Location ID
Name: FRITZLER-64N66W Number: 22NWNE
County: WELD
Qtr Qtr: NWNE Section: 22 Township: 4N Range: 66W Meridian: 6
Latitude: 40.302910 Longitude: -104.761560

Flowline Start Point Riser

Latitude: 40.302909 Longitude: -104.761571 PDOP: 1.0 Measurement Date: 09/05/2019
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: 09/08/2005
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471358 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.301203 Longitude: -104.760232 PDOP: 0.8 Measurement Date: 09/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332549 Location Type: Well Site No Location ID
Name: FRITZLER B-64N66W Number: 22NWNE
County: WELD
Qtr Qtr: NWNE Section: 22 Township: 4N Range: 66W Meridian: 6
Latitude: 40.301220 Longitude: -104.759830

Flowline Start Point Riser

Latitude: 40.301219 Longitude -104.759700 PDOP: 0.9 Measurement Date: 09/05/2019

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: 01/16/2008
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471359 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.301178 Longitude: -104.760233 PDOP: 0.9 Measurement Date: 09/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328660 Location Type: Well Site No Location ID
Name: FRITZLER-64N66W Number: 22NENE
County: WELD
Qtr Qtr: NENE Section: 22 Township: 4N Range: 66W Meridian: 6
Latitude: 40.302170 Longitude: -104.756840

Flowline Start Point Riser

Latitude: 40.302179 Longitude -104.756840 PDOP: 0.9 Measurement Date: 09/05/2019
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: 09/14/1992
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457785 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.301174 Longitude: -104.760230 PDOP: 1.5 Measurement Date: 05/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332600 Location Type: Well Site No Location ID
Name: FRITZLER-64N66W Number: 22SWNE
County: WELD

Qtr Qtr: SWNE Section: 22 Township: 4N Range: 66W Meridian: 6
Latitude: 40.299060 Longitude: -104.761690

Flowline Start Point Riser

Latitude: 40.298940 Longitude -104.761680 PDOP: 1.6 Measurement Date: 04/20/2017

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: 02/10/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

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: 09/30/2019 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
402184954	Form44 Submitted

Total Attach: 1 Files