

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: 402185039

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: 318407 Location Type: Production Facilities
Name: MCARTHUR-64N66W Number: 14SENW
County: WELD
Qtr Qtr: SENW Section: 14 Township: 4N Range: 66W Meridian: 6
Latitude: 40.315310 Longitude: -104.748180

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.315640 Longitude: -104.748413 PDOP: 0.8 Measurement Date: 09/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328780 Location Type: Well Site [] No Location ID
Name: FAGERBURG-64N66W Number: 14SENW
County: WELD
Qtr Qtr: SENW Section: 14 Township: 4N Range: 66W Meridian: 6
Latitude: 40.313570 Longitude: -104.746330

Flowline Start Point Riser

Latitude: 40.313573 Longitude: -104.746331 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: 10/13/1992
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: 40.315642 Longitude: -104.748512 PDOP: 0.9 Measurement Date: 09/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332648 Location Type: _____ Well Site No Location ID
Name: EWING-64N66W Number: 14NWNW
County: WELD
Qtr Qtr: NWNW Section: 14 Township: 4N Range: 66W Meridian: 6
Latitude: 40.316780 Longitude: -104.751700

Flowline Start Point Riser

Latitude: 40.316668 Longitude: -104.751674 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: 07/17/2007
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: 40.315638 Longitude: -104.748405 PDOP: 0.9 Measurement Date: 09/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336646 Location Type: _____ Well Site No Location ID
Name: EWING-64N66W Number: 14NENW
County: WELD
Qtr Qtr: NENW Section: 14 Township: 4N Range: 66W Meridian: 6
Latitude: 40.317580 Longitude: -104.746890

Flowline Start Point Riser

Latitude: 40.317511 Longitude -104.746957 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: 11/09/1992
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: 40.315635 Longitude: -104.748505 PDOP: 0.9 Measurement Date: 09/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332648 Location Type: Well Site No Location ID
Name: EWING-64N66W Number: 14NWNW
County: WELD
Qtr Qtr: NWNW Section: 14 Township: 4N Range: 66W Meridian: 6
Latitude: 40.316780 Longitude: -104.751700

Flowline Start Point Riser

Latitude: 40.316910 Longitude -104.751676 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: 07/17/2007
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: 40.315632 Longitude: -104.748405 PDOP: 0.8 Measurement Date: 09/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318407 Location Type: Well Site No Location ID
Name: MCARTHUR-64N66W Number: 14SEnw
County: WELD

Qtr Qtr: SENW Section: 14 Township: 4N Range: 66W Meridian: 6
Latitude: 40.315310 Longitude: -104.748180

Flowline Start Point Riser

Latitude: 40.315317 Longitude -104.748187 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: 11/05/1976
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: 40.315636 Longitude: -104.748505 PDOP: 0.8 Measurement Date: 09/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336646 Location Type: Well Site No Location ID
Name: EWING-64N66W Number: 14NENW
County: WELD
Qtr Qtr: NENW Section: 14 Township: 4N Range: 66W Meridian: 6
Latitude: 40.317580 Longitude: -104.746890

Flowline Start Point Riser

Latitude: 40.317377 Longitude -104.746937 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: 02/26/2007
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: 40.315623 Longitude: -104.748506 PDOP: 0.8 Measurement Date: 09/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336646 Location Type: Well Site No Location ID

Name: EWING-64N66W Number: 14NENW

County: WELD

Qtr Qtr: NENW Section: 14 Township: 4N Range: 66W Meridian: 6

Latitude: 40.317580 Longitude: -104.746890

Flowline Start Point Riser

Latitude: 40.317522 Longitude -104.747120 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: 02/26/2007

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: 09/30/2019 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: _____

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files