

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:

10/02/2019

Document Number:

402187615

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: 319453 Location Type: Production Facilities
Name: BUNN, M.-66N66W Number: 34NESE
County: WELD
Qtr Qtr: NESE Section: 34 Township: 6N Range: 66W Meridian: 6
Latitude: 40.442782 Longitude: -104.757560

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471439 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.442011 Longitude: -104.757315 PDOP: 1.0 Measurement Date: 09/15/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319453 Location Type: Well Site ☐ No Location ID
Name: BUNN, M.-66N66W Number: 34NESE
County: WELD
Qtr Qtr: NESE Section: 34 Township: 6N Range: 66W Meridian: 6
Latitude: 40.442782 Longitude: -104.757560

Flowline Start Point Riser

Latitude: 40.442792 Longitude: -104.757557 PDOP: 0.9 Measurement Date: 09/15/2019
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: 07/11/1983
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: 10/02/2019 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: 2/12/2020

Attachment Check List**Att Doc Num****Name**

402187615

Form44 Submitted

Total Attach: 1 Files