

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:

402188958

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: 424967 Location Type: Production Facilities
Name: Ikenouye F Number: 28-65HN TANK
County: WELD
Qtr Qtr: NESE Section: 29 Township: 5N Range: 65W Meridian: 6
Latitude: 40.368300 Longitude: -104.678280

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471456 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.368642 Longitude: -104.678304 PDOP: 1.0 Measurement Date: 09/18/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329190 Location Type: Well Site ☐ No Location ID
Name: Ikenouye F Number: 28-65HN
County: WELD
Qtr Qtr: NESE Section: 29 Township: 5N Range: 65W Meridian: 6
Latitude: 40.368990 Longitude: -104.679730

Flowline Start Point Riser

Latitude: 40.368988 Longitude: -104.679736 PDOP: 0.9 Measurement Date: 09/18/2019
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: 04/09/1993
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471457 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.368628 Longitude: -104.678299 PDOP: 1.0 Measurement Date: 09/18/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329190 Location Type: Well Site ☐ No Location ID
Name: Ikenouye F Number: 28-65HN
County: WELD
Qtr Qtr: NESE Section: 29 Township: 5N Range: 65W Meridian: 6
Latitude: 40.368990 Longitude: -104.679730

Flowline Start Point Riser

Latitude: 40.369680 Longitude: -104.679986 PDOP: 1.0 Measurement Date: 09/18/2019
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: 04/09/1993
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471458 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.368550 Longitude: -104.678340 PDOP: 1.9 Measurement Date: 09/16/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329190 Location Type: Well Site ☐ No Location ID
Name: Ikenouye F Number: 28-65HN
County: WELD
Qtr Qtr: NESE Section: 29 Township: 5N Range: 65W Meridian: 6
Latitude: 40.368990 Longitude: -104.679730

Flowline Start Point Riser

Latitude: 40.369240 Longitude -104.680000 PDOP: 1.7 Measurement Date: 09/16/2019

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: 08/20/2012

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

402188958

Form44 Submitted

Total Attach: 1 Files