

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: 10/03/2019 Document Number: 402198243

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: 434539 Location Type: Production Facilities Name: Peaks Number: K26-77-1HN Mlti County: WELD Qtr Qtr: NWNW Section: 35 Township: 4N Range: 66W Meridian: 6 Latitude: 40.273470 Longitude: -104.750150

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471483 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.272526 Longitude: -104.749936 PDOP: 1.0 Measurement Date: 09/12/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 434539 Location Type: Well Site [] No Location ID Name: Peaks Number: K26-77-1HN Mlti County: WELD Qtr Qtr: NWNW Section: 35 Township: 4N Range: 66W Meridian: 6 Latitude: 40.273470 Longitude: -104.750150

Flowline Start Point Riser

Latitude: 40.273462 Longitude: -104.750297 PDOP: 1.1 Measurement Date: 09/12/2019 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: 04/01/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471484 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.272579 Longitude: -104.749931 PDOP: 1.1 Measurement Date: 09/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 434539 Location Type: Well Site No Location ID
Name: Peaks Number: K26-77-1HN Mlti
County: WELD
Qtr Qtr: NWNW Section: 35 Township: 4N Range: 66W Meridian: 6
Latitude: 40.273470 Longitude: -104.750150

Flowline Start Point Riser

Latitude: 40.273453 Longitude: -104.750029 PDOP: 1.1 Measurement Date: 09/11/2019
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: 04/01/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471485 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.272624 Longitude: -104.749929 PDOP: 1.1 Measurement Date: 09/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 434539 Location Type: Well Site No Location ID
Name: Peaks Number: K26-77-1HN Mlti
County: WELD
Qtr Qtr: NWNW Section: 35 Township: 4N Range: 66W Meridian: 6
Latitude: 40.273470 Longitude: -104.750150

Flowline Start Point Riser

Latitude: 40.273467 Longitude -104.750442 PDOP: 1.3 Measurement Date: 09/11/2019

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: 04/01/2014

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: 10/03/2019 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

<u>Att Doc Num</u>	<u>Name</u>
402198243	Form44 Submitted

Total Attach: 1 Files