

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: 10/25/2019 Document Number: 402187177

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: 430111 Location Type: Production Facilities Name: Bostron Number: 01 Tank County: WELD Qtr Qtr: SESE Section: 32 Township: 5N Range: 65W Meridian: 6 Latitude: 40.351750 Longitude: -104.680900

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.351657 Longitude: -104.680991 PDOP: 0.9 Measurement Date: 09/13/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 417001 Location Type: Well Site [] No Location ID Name: STROHAUER F Number: 32-24 County: WELD Qtr Qtr: SWSE Section: 32 Township: 5N Range: 65W Meridian: 6 Latitude: 40.352110 Longitude: -104.686750

Flowline Start Point Riser

Latitude: 40.352099 Longitude: -104.686766 PDOP: 0.9 Measurement Date: 09/13/2019 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: 11/06/2010
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: 40.351608 Longitude: -104.680974 PDOP: 0.9 Measurement Date: 09/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327349 Location Type: _____ Well Site No Location ID
Name: BOSTRON-65N65W Number: 32NWSE
County: WELD
Qtr Qtr: NWSE Section: 32 Township: 5N Range: 65W Meridian: 6
Latitude: 40.353690 Longitude: -104.684670

Flowline Start Point Riser

Latitude: 40.353673 Longitude: -104.684646 PDOP: 0.9 Measurement Date: 09/13/2019
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: 01/26/1990
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: 40.351615 Longitude: -104.680936 PDOP: 0.9 Measurement Date: 09/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317703 Location Type: _____ Well Site No Location ID
Name: BOSTRON-65N65W Number: 32SWSE
County: WELD
Qtr Qtr: SWSE Section: 32 Township: 5N Range: 65W Meridian: 6
Latitude: 40.350290 Longitude: -104.684800

Flowline Start Point Riser

Latitude: 40.350266 Longitude -104.684786 PDOP: 0.9 Measurement Date: 09/13/2019

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: 10/22/1977
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: 40.351673 Longitude: -104.680991 PDOP: 0.9 Measurement Date: 09/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322563 Location Type: _____ Well Site No Location ID
Name: STROHAUER F Number: 33-32D
County: WELD
Qtr Qtr: NESE Section: 32 Township: 5N Range: 65W Meridian: 6
Latitude: 40.353890 Longitude: -104.680120

Flowline Start Point Riser

Latitude: 40.353858 Longitude -104.679948 PDOP: 0.9 Measurement Date: 09/13/2019
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: 01/08/2010
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: 40.351621 Longitude: -104.680947 PDOP: 0.9 Measurement Date: 09/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322563 Location Type: _____ Well Site No Location ID
Name: STROHAUER F Number: 33-32D
County: WELD

Qtr Qtr: NESE Section: 32 Township: 5N Range: 65W Meridian: 6
Latitude: 40.353890 Longitude: -104.680120

Flowline Start Point Riser

Latitude: 40.353872 Longitude -104.680100 PDOP: 0.9 Measurement Date: 09/13/2019
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: 01/20/1984
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: 40.351660 Longitude: -104.680999 PDOP: 0.9 Measurement Date: 09/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 417001 Location Type: Well Site No Location ID
Name: STROHAUER F Number: 32-24
County: WELD
Qtr Qtr: SWSE Section: 32 Township: 5N Range: 65W Meridian: 6
Latitude: 40.352110 Longitude: -104.686750

Flowline Start Point Riser

Latitude: 40.352160 Longitude -104.686762 PDOP: 0.9 Measurement Date: 09/13/2019
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: 11/06/2010
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: 40.351609 Longitude: -104.680988 PDOP: 1.0 Measurement Date: 09/13/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416345 Location Type: Well Site No Location ID

Name: STROHAUER F Number: 32-23

County: WELD

Qtr Qtr: SWSE Section: 32 Township: 5N Range: 65W Meridian: 6

Latitude: 40.351960 Longitude: -104.682850

Flowline Start Point Riser

Latitude: 40.352019 Longitude -104.682849 PDOP: 0.9 Measurement Date: 09/13/2019

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: 10/27/2010

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: 40.351623 Longitude: -104.680953 PDOP: 0.9 Measurement Date: 09/13/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 416345 Location Type: Well Site No Location ID

Name: STROHAUER F Number: 32-23

County: WELD

Qtr Qtr: SWSE Section: 32 Township: 5N Range: 65W Meridian: 6

Latitude: 40.351960 Longitude: -104.682850

Flowline Start Point Riser

Latitude: 40.351970 Longitude -104.682860 PDOP: 0.9 Measurement Date: 09/13/2019

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: 10/27/2010

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: 40.351622 Longitude: -104.680994 PDOP: 0.8 Measurement Date: 09/13/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326952 Location Type: Well Site No Location ID

Name: STROHAUER-65N65W Number: 32SESE

County: WELD

Qtr Qtr: SESE Section: 32 Township: 5N Range: 65W Meridian: 6

Latitude: 40.350752 Longitude: -104.680474

Flowline Start Point Riser

Latitude: 40.350737 Longitude: -104.680490 PDOP: 1.0 Measurement Date: 09/13/2019

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: 03/10/1988

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: 10/25/2019 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

Att Doc Num	Name

Total Attach: 0 Files