

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: 10/28/2019 Document Number: 402201689

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: 450367 Location Type: Production Facilities Name: Evans Industrial Park Tank Battery Number: 1&2 County: WELD Qtr Qtr: SWSE Section: 30 Township: 5N Range: 65W Meridian: 6 Latitude: 40.366000 Longitude: -104.703000

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 471592 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.366018 Longitude: -104.703236 PDOP: 1.0 Measurement Date: 09/26/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328716 Location Type: Well Site [] No Location ID Name: EVANS INDUSTRIAL PARK-65N65W Number: 30SWSE County: WELD Qtr Qtr: SWSE Section: 30 Township: 5N Range: 65W Meridian: 6 Latitude: 40.365339 Longitude: -104.703889

Flowline Start Point Riser

Latitude: 40.365358 Longitude: -104.703859 PDOP: 1.0 Measurement Date: 09/26/2019 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: 11/24/1992
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: 10/28/2019 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: 2/14/2020

Attachment Check List

Att Doc Num

Name

402201689	Form44 Submitted
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Total Attach: 1 Files