

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: 10/11/2019 Document Number: 402206797

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: 10536 Contact Person: CHRISTOPHER SMITH
Company Name: SMITH ENERGY LLC Phone: (303) 709-6157
Address: 1540 MAIN ST SUITE 218 #334 Email: smithenergy@live.com
City: WINDSOR State: CO Zip: 80550
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: 318073 Location Type: Well Site
Name: SCHEID-COOKSEY-61N63W Number: 2SESE
County: WELD
Qtr Qtr: SESE Section: 2 Township: 1N Range: 63W Meridian: 6
Latitude: 40.075150 Longitude: -104.397757

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.075872 Longitude: -104.395743 PDOP: Measurement Date: 10/04/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 318073 Location Type: Well Site [] No Location ID
Name: SCHEID-COOKSEY-61N63W Number: 2SESE
County: WELD
Qtr Qtr: SESE Section: 2 Township: 1N Range: 63W Meridian: 6
Latitude: 40.075150 Longitude: -104.397757

Flowline Start Point Riser

Latitude: 40.075216 Longitude: -104.397570 PDOP: Measurement Date: 10/04/2019
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: 04/11/1975
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: _____ Flowline Type: _____ Production Line _____ Action Type: _____ Registration _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.075872 Longitude: -104.395743 PDOP: _____ Measurement Date: 10/04/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 318082 Location Type: _____ Well Site No Location ID
Name: SCHEID-COOKSEY-61N63W Number: 2NESE
County: WELD
Qtr Qtr: NESE Section: 2 Township: 1N Range: 63W Meridian: 6
Latitude: 40.078780 Longitude: -104.397797

Flowline Start Point Riser

Latitude: 40.078839 Longitude: -104.397628 PDOP: _____ Measurement Date: 10/04/2019
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: 05/01/1975
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: 10/11/2019 Email: smithenergy@live.com

Print Name: CHRISTOPHER SMITH Title: MANAGER

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**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files