

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:

10/15/2019

Document Number:

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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: CHRIS 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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 317312 Location Type: Well Site
Name: AXSOM-62S50W Number: 24SWNE
County: WASHINGTON
Qtr Qtr: SWNE Section: 24 Township: 2S Range: 50W Meridian: 6
Latitude: 39.867689 Longitude: -102.922999

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 39.869551 Longitude: -102.931499 PDOP: Measurement Date: 10/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317312 Location Type: Well Site ☐ No Location ID
Name: AXSOM-62S50W Number: 24SWNE
County: WASHINGTON
Qtr Qtr: SWNE Section: 24 Township: 2S Range: 50W Meridian: 6
Latitude: 39.867689 Longitude: -102.922999

Flowline Start Point Riser

Latitude: 39.867664 Longitude: -102.923056 PDOP: Measurement Date: 06/10/2010
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: 01/22/2001
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/15/2019 Email: smithenergy@live.com

Print Name: CHRIS 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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files