

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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

## OFF LOCATION FLOWLINE

## FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317179 Location Type: Well Site  
Name: AXSOM-62S50W Number: 24SWNW  
County: WASHINGTON  
Qtr Qtr: SWNW Section: 24 Township: 2S Range: 50W Meridian: 6  
Latitude: 39.869217 Longitude: -102.931527

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473969 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

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: 3/18/2020

**Attachment Check List****Att Doc Num****Name**

402208289

Form44 Submitted

Total Attach: 1 Files