

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: 10/15/2019 Document Number: 402208707

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317200 Location Type: Well Site Name: CHRISTIANSON-63S49W Number: 2SWNE County: WASHINGTON Qtr Qtr: SWNE Section: 2 Township: 3S Range: 49W Meridian: 6 Latitude: 39.825340 Longitude: -102.824492

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473989 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.825189 Longitude: -102.825011 PDOP: Measurement Date: 10/12/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317379 Location Type: Well Site [] No Location ID Name: ABARR-CHRISTIANSON-63S49W Number: 2NENE County: WASHINGTON Qtr Qtr: NENE Section: 2 Township: 3S Range: 49W Meridian: 6 Latitude: 39.828730 Longitude: -102.820176

Flowline Start Point Riser

Latitude: 39.828807 Longitude: -102.820120 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: 11/09/2004
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

402208707	Form44 Submitted
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Total Attach: 1 Files