

# State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/15/2019

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

### OFF LOCATION FLOWLINE

#### FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317182 Location Type: Well Site  
Name: PRICE-62S49W Number: 7SENE  
County: WASHINGTON  
Qtr Qtr: SENE Section: 7 Township: 2S Range: 49W Meridian: 6  
Latitude: 39.898652 Longitude: -102.899477

#### FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474352 Flowline Type: Production Line Action Type: Registration

#### OFF LOCATION FLOWLINE REGISTRATION

##### Flowline End Point Riser

Latitude: 39.898931 Longitude: -102.899461 PDOP: Measurement Date: 10/12/2019  
Equipment at End Point Riser: Separator

##### Flowline Start Point Location Identification

Location ID: 317331 Location Type: Well Site ☐ No Location ID  
Name: PRICE-62S49W Number: 7NWNE  
County: WASHINGTON  
Qtr Qtr: NWNE Section: 7 Township: 2S Range: 49W Meridian: 6  
Latitude: 39.900226 Longitude: -102.902841

##### Flowline Start Point Riser

Latitude: 39.900226 Longitude: -102.902841 PDOP: Measurement Date: 10/07/2019  
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: 11/17/2007  
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: CHRISTO[HER 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: 3/27/2020

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

402208093

Form44 Submitted

Total Attach: 1 Files