

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: 402208269

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317313 Location Type: Well Site
Name: AXSOM 'C'-62S50W Number: 24SESE
County: WASHINGTON
Qtr Qtr: SESE Section: 24 Township: 2S Range: 50W Meridian: 6
Latitude: 39.860240 Longitude: -102.919459

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.862391 Longitude: -102.922380 PDOP: Measurement Date: 10/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317313 Location Type: Well Site [] No Location ID
Name: AXSOM 'C'-62S50W Number: 24SESE
County: WASHINGTON
Qtr Qtr: SESE Section: 24 Township: 2S Range: 50W Meridian: 6
Latitude: 39.860240 Longitude: -102.919459

Flowline Start Point Riser

Latitude: 39.860357 Longitude: -102.919351 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: 05/05/1995
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: _____

Attachment Check List

Att Doc Num

Name

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

Total Attach: 0 Files