

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:

09/30/2019

Document Number:

402185303

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: 10311 Contact Person: Christi Ng
Company Name: SRC ENERGY INC Phone: (720) 616-4300
Address: 1675 BROADWAY SUITE 2600 Email: cng@srcenergy.com
City: DENVER State: CO Zip: 80202
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: 318653 Location Type: Production Facilities
Name: EWING, WILLIAM GAS UNIT-64N66W Number: 11SESW
County: WELD
Qtr Qtr: SESW Section: 11 Township: 4N Range: 66W Meridian: 6
Latitude: 40.321805 Longitude: -104.748650

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474933 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.321857 Longitude: -104.748385 PDOP: 0.8 Measurement Date: 09/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332590 Location Type: Well Site ☐ No Location ID
Name: CLEMENT-64N66W Number: 11NWSW
County: WELD
Qtr Qtr: NWSW Section: 11 Township: 4N Range: 66W Meridian: 6
Latitude: 40.324510 Longitude: -104.751810

Flowline Start Point Riser

Latitude: 40.324414 Longitude: -104.751791 PDOP: 0.9 Measurement Date: 09/06/2019
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: 10/21/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474934 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.321864 Longitude: -104.748380 PDOP: 0.9 Measurement Date: 09/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327649 Location Type: Well Site ☐ No Location ID
Name: R. EWING-64N66W Number: 11SESW
County: WELD
Qtr Qtr: SESW Section: 11 Township: 4N Range: 66W Meridian: 6
Latitude: 40.320987 Longitude: -104.747635

Flowline Start Point Riser

Latitude: 40.320976 Longitude: -104.747656 PDOP: 1.1 Measurement Date: 09/06/2019
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: 03/03/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474935 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.321860 Longitude: -104.748389 PDOP: 0.8 Measurement Date: 09/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328824 Location Type: Well Site ☐ No Location ID
Name: CLEMENT-64N66W Number: 11SWSW
County: WELD
Qtr Qtr: SWSW Section: 11 Township: 4N Range: 66W Meridian: 6
Latitude: 40.320586 Longitude: -104.751786

Flowline Start Point Riser

Latitude: 40.320588 Longitude -104.751782 PDOP: 0.9 Measurement Date: 09/06/2019

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: 11/15/1992

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474936 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.321862 Longitude: -104.748384 PDOP: 0.8 Measurement Date: 09/06/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336683 Location Type: Well Site ☐ No Location ID

Name: EWING-64N66W Number: 11NESW

County: WELD

Qtr Qtr: NESW Section: 11 Township: 4N Range: 66W Meridian: 6

Latitude: 40.324980 Longitude: -104.746890

Flowline Start Point Riser

Latitude: 40.325112 Longitude -104.746920 PDOP: 1.0 Measurement Date: 09/06/2019

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: 12/20/1992

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474937 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.321856 Longitude: -104.748384 PDOP: 0.9 Measurement Date: 09/06/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332590 Location Type: Well Site ☐ No Location ID

Name: CLEMENT-64N66W Number: 11NWSW

County: WELD

Qtr Qtr: NWSW Section: 11 Township: 4N Range: 66W Meridian: 6
Latitude: 40.324510 Longitude: -104.751810

Flowline Start Point Riser

Latitude: 40.324643 Longitude: -104.751798 PDOP: 0.9 Measurement Date: 09/06/2019

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: 10/21/2007

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: 09/30/2019 Email: cng@srcenergy.com

Print Name: Christi Ng Title: Sr. Regulatory Analyst

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: 4/6/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402185303	Form44 Submitted

Total Attach: 1 Files