

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: 10/31/2019 Document Number: 402227037

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@srcene3rgy.com City: DENVER State: CO Zip: 80202 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: 330155 Location Type: Production Facilities Name: Honey Badger Number: J31-64-1HN Tank County: WELD Qtr Qtr: NESW Section: 31 Township: 5N Range: 66W Meridian: 6 Latitude: 40.354540 Longitude: -104.825670

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.345937 Longitude: -104.896957 PDOP: 0.9 Measurement Date: 09/23/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332665 Location Type: Well Site [] No Location ID Name: Honey Badger Number: J31-64-1HN Pad County: WELD Qtr Qtr: NWSW Section: 31 Township: 5N Range: 66W Meridian: 6 Latitude: 40.354690 Longitude: -104.829670

Flowline Start Point Riser

Latitude: 40.354771 Longitude: -104.829946 PDOP: 0.8 Measurement Date: 09/23/2019 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: 02/20/2014
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: 10/31/2019 Email: cng@srcene3rgy.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: _____

Attachment Check List

Att Doc Num

Name

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

Total Attach: 0 Files