

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: 02/19/2020 Document Number: 402203411

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 326936 Location Type: Production Facilities Name: STROH-65N67W Number: 35NWNE County: WELD Qtr Qtr: NWNE Section: 35 Township: 5N Range: 67W Meridian: 6 Latitude: 40.361454 Longitude: -104.858034

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475006 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.363088 Longitude: -104.855809 PDOP: 1.4 Measurement Date: 09/30/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326936 Location Type: Production Facilities [ ] No Location ID Name: STROH-65N67W Number: 35NWNE County: WELD Qtr Qtr: NWNE Section: 35 Township: 5N Range: 67W Meridian: 6 Latitude: 40.361454 Longitude: -104.858034

Flowline Start Point Riser

Latitude: 40.361501 Longitude: -104.857599 PDOP: 1.2 Measurement Date: 09/30/2019 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: 02/19/1988  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 475007 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.363149 Longitude: -104.855774 PDOP: 1.4 Measurement Date: 09/30/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 326934 Location Type: Well Site  No Location ID  
Name: STROH-65N67W Number: 35SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 35 Township: 5N Range: 67W Meridian: 6  
Latitude: 40.357834 Longitude: -104.857984

**Flowline Start Point Riser**

Latitude: 40.358299 Longitude: -104.857579 PDOP: 1.2 Measurement Date: 09/18/2019  
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: 02/19/1988  
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: 02/19/2020 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**

**Att Doc Num**      **Name**

402203411	Form44 Submitted
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Total Attach: 1 Files