

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:

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 ☒ 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

Total Attach: 1 Files