

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:

10/28/2019

Document Number:

402222675

## 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: 70385 Contact Person: GLENN SMITH  
Company Name: SMITH ENERGY CORP Phone: (970) 381-6253  
Address: 12706 SHILOH RD Email: smithenergycorp@gmail.com  
City: GREELEY State: CO Zip: 80631  
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: 322177 Location Type: Production Facilities  
Name: RUNNING CREEK-STATE-66S64W Number: 16NENE  
County: ELBERT  
Qtr Qtr: NENE Section: 16 Township: 6S Range: 64W Meridian: 6  
Latitude: 39.533806 Longitude: -104.553038

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475577 Flowline Type: Production Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 39.535320 Longitude: -104.553180 PDOP: Measurement Date: 10/11/2019  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 322177 Location Type: Well Site ☐ No Location ID  
Name: RUNNING CREEK-STATE-66S64W Number: 16NENE  
County: ELBERT  
Qtr Qtr: NENE Section: 16 Township: 6S Range: 64W Meridian: 6  
Latitude: 39.533806 Longitude: -104.553038

## Flowline Start Point Riser

Latitude: 39.533894 Longitude: -104.553216 PDOP: Measurement Date: 10/11/2019  
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: 10/17/1986  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 475578 Flowline Type: Production Line Action Type: Registration

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

Latitude: 39.535320 Longitude: -104.553180 PDOP: \_\_\_\_\_ Measurement Date: 10/11/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 322198 Location Type: Well Site ☐ No Location ID  
Name: RUNNING CREEK STATE-66S64W Number: 16SWNE  
County: ELBERT  
Qtr Qtr: SWNE Section: 16 Township: 6S Range: 64W Meridian: 6  
Latitude: 39.529626 Longitude: -104.557488

**Flowline Start Point Riser**

Latitude: 39.529787 Longitude: -104.557490 PDOP: \_\_\_\_\_ Measurement Date: 10/11/2019  
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: 07/24/1986  
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: 10/28/2019 Email: smithenergycorp@gmail.com

Print Name: GLENN SMITH Title: PRESIDENT

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: 4/21/2020

**Attachment Check List**

**Att Doc Num****Name**

402222675

Form44 Submitted

Total Attach: 1 Files