

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/28/2019

Document Number:

402222680

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 (UNCC) that participates in Colorado's One Call notification system? Yes No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 322186 Location Type: Production Facilities
Name: RUNNING CREEK-STATE-66S64W Number: 16NWSE
County: ELBERT
Qtr Qtr: NWSE Section: 16 Township: 6S Range: 64W Meridian: 6
Latitude: 39.526026 Longitude: -104.557808

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.522156 Longitude: -104.569338 PDOP: Measurement Date: 10/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322199 Location Type: Well Site No Location ID
Name: RUNNING CREEK STATE-66S64W Number: 16SWSW
County: ELBERT
Qtr Qtr: SWSW Section: 16 Township: 6S Range: 64W Meridian: 6
Latitude: 39.522476 Longitude: -104.567108

Flowline Start Point Riser

Latitude: 39.522554 Longitude: -104.567089 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: 12/12/1986
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.522156 Longitude: -104.569338 PDOP: _____ Measurement Date: 10/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322204 Location Type: _____ Well Site No Location ID
Name: RUNNING CREEK STATE-66S64W Number: 16NWSW
County: ELBERT
Qtr Qtr: NWSW Section: 16 Township: 6S Range: 64W Meridian: 6
Latitude: 39.526106 Longitude: -104.567228

Flowline Start Point Riser

Latitude: 39.526158 Longitude: -104.567274 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: 10/08/1987
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.522156 Longitude: -104.569338 PDOP: _____ Measurement Date: 10/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322186 Location Type: _____ Well Site No Location ID
Name: RUNNING CREEK-STATE-66S64W Number: 16NWSE
County: ELBERT
Qtr Qtr: NWSE Section: 16 Township: 6S Range: 64W Meridian: 6
Latitude: 39.526026 Longitude: -104.557808

Flowline Start Point Riser

Latitude: 39.526113 Longitude -104.557917 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: 05/09/1985

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: _____

Attachment Check List

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

Total Attach: 0 Files