

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: 10/28/2019 Document Number: 402223538

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 475600 Location Type: Production Facilities Name: STATE-63N62W Number: 34SWSE County: WELD Qtr Qtr: NESW Section: 34 Township: 3N Range: 62W Meridian: 6 Latitude: 40.181089 Longitude: -104.310184

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475602 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.181089 Longitude: -104.310184 PDOP: Measurement Date: 10/12/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 318957 Location Type: Well Site [ ] No Location ID Name: STATE-63N62W Number: 34SWSE County: WELD Qtr Qtr: SWSE Section: 34 Township: 3N Range: 62W Meridian: 6 Latitude: 40.176859 Longitude: -104.307255

Flowline Start Point Riser

Latitude: 40.176632 Longitude: -104.307020 PDOP: Measurement Date: 10/12/2019 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: 12/01/1981  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 475603 Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.181089 Longitude: -104.310184 PDOP: \_\_\_\_\_ Measurement Date: 10/12/2019  
Equipment at End Point Riser: Heater Treater

**Flowline Start Point Location Identification**

Location ID: 318957 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: STATE-63N62W Number: 34SWSE  
County: WELD  
Qtr Qtr: SWSE Section: 34 Township: 3N Range: 62W Meridian: 6  
Latitude: 40.176859 Longitude: -104.307255

**Flowline Start Point Riser**

Latitude: 40.182481 Longitude: -104.307456 PDOP: \_\_\_\_\_ Measurement Date: 10/12/2019  
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: 12/01/1981  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 475604 Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.181089 Longitude: -104.310184 PDOP: \_\_\_\_\_ Measurement Date: 10/12/2019  
Equipment at End Point Riser: Heater Treater

**Flowline Start Point Location Identification**

Location ID: 317491 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: STATE-63N62W Number: 34SESW  
County: WELD  
Qtr Qtr: SESW Section: 34 Township: 3N Range: 62W Meridian: 6  
Latitude: 40.176529 Longitude: -104.312165

**Flowline Start Point Riser**

Latitude: 40.176433 Longitude -104.312079 PDOP: \_\_\_\_\_ Measurement Date: 10/12/2019

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: 12/01/1981

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: 4/22/2020

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402223538	Form44 Submitted

Total Attach: 1 Files