

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: 402223649

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 327562 Location Type: Production Facilities
Name: TAYLOR-66N61W Number: 15SESE
County: WELD
Qtr Qtr: SESE Section: 15 Township: 6N Range: 61W Meridian: 6
Latitude: 40.482716 Longitude: -104.188124

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.482625 Longitude: -104.185759 PDOP: Measurement Date: 10/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327641 Location Type: Well Site [] No Location ID
Name: TAYLOR-66N61W Number: 15NWSE
County: WELD
Qtr Qtr: NWSE Section: 15 Township: 6N Range: 61W Meridian: 6
Latitude: 40.485596 Longitude: -104.192594

Flowline Start Point Riser

Latitude: 40.485569 Longitude: -104.192581 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: 04/19/1991
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: 40.482625 Longitude: -104.185759 PDOP: _____ Measurement Date: 10/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327562 Location Type: _____ Well Site No Location ID
Name: TAYLOR-66N61W Number: 15SESE
County: WELD
Qtr Qtr: SESE Section: 15 Township: 6N Range: 61W Meridian: 6
Latitude: 40.482716 Longitude: -104.188124

Flowline Start Point Riser

Latitude: 40.482743 Longitude: -104.188155 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: 02/16/1991
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

Att Doc Num **Name**

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Total Attach: 0 Files