

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:

402223675

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: 319114 Location Type: Production Facilities
Name: FARNIK-WELD COUNTY-67N59W Number: 35NENE
County: WELD
Qtr Qtr: NENE Section: 35 Township: 7N Range: 59W Meridian: 6
Latitude: 40.536507 Longitude: -103.939107

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475622 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.536325 Longitude: -103.943801 PDOP: Measurement Date: 10/12/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 319114 Location Type: Well Site ☐ No Location ID
Name: FARNIK-WELD COUNTY-67N59W Number: 35NENE
County: WELD
Qtr Qtr: NENE Section: 35 Township: 7N Range: 59W Meridian: 6
Latitude: 40.536507 Longitude: -103.939107

Flowline Start Point Riser

Latitude: 40.536533 Longitude: -103.939069 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: 07/22/1982
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**Att Doc Num****Name**

402223675

Form44 Submitted

Total Attach: 1 Files