

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 10/28/2019 Document Number: 402223719

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: 475628 Location Type: Production Facilities Name: RICHMOND-66N61W Number: 22NESW County: WELD Qtr Qtr: NWSW Section: 22 Township: 6N Range: 61W Meridian: 6 Latitude: 40.473428 Longitude: -104.204058

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475631 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.473428 Longitude: -104.204058 PDOP: Measurement Date: 10/12/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327731 Location Type: Well Site [] No Location ID Name: RICHMOND-66N61W Number: 22NESW County: WELD Qtr Qtr: NESW Section: 22 Township: 6N Range: 61W Meridian: 6 Latitude: 40.472086 Longitude: -104.198444

Flowline Start Point Riser

Latitude: 40.472166 Longitude: -104.198274 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: 08/17/1991
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: 4/22/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402223719	Form44 Submitted

Total Attach: 1 Files