

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:
08/22/2019
Document Number:
402152325

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: 10311 Contact Person: Christi Ng
Company Name: SRC ENERGY INC Phone: (720) 616-4300
Address: 1675 BROADWAY SUITE 2600 Email: cng@srcenergy.com
City: DENVER State: CO Zip: 80202
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: 302804 Location Type: Production Facilities
Name: OWENS K-64N66W Number: 17SESE
County: WELD
Qtr Qtr: SESE Section: 17 Township: 4N Range: 66W Meridian: 6
Latitude: 40.304949 Longitude: -104.796539

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478061 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.305016 Longitude: -104.801176 PDOP: 0.9 Measurement Date: 07/02/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414490 Location Type: Well Site No Location ID
Name: OWENS K Number: 17-23D
County: WELD
Qtr Qtr: SWSE Section: 17 Township: 4N Range: 66W Meridian: 6
Latitude: 40.306230 Longitude: -104.798690

Flowline Start Point Riser

Latitude: 40.306232 Longitude: -104.798722 PDOP: 0.8 Measurement Date: 07/02/2019
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: 02/01/2011
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478062 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.305008 Longitude: -104.801165 PDOP: 0.9 Measurement Date: 07/02/2019
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302804 Location Type: Well Site No Location ID
 Name: OWENS K-64N66W Number: 17SESE
 County: WELD
 Qtr Qtr: SESE Section: 17 Township: 4N Range: 66W Meridian: 6
 Latitude: 40.304949 Longitude: -104.796539

Flowline Start Point Riser

Latitude: 40.304941 Longitude: -104.796560 PDOP: 0.8 Measurement Date: 07/02/2019
 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: 02/01/2009
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478063 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.305015 Longitude: -104.801166 PDOP: 0.9 Measurement Date: 07/02/2019
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414490 Location Type: Well Site No Location ID
 Name: OWENS K Number: 17-23D
 County: WELD
 Qtr Qtr: SWSE Section: 17 Township: 4N Range: 66W Meridian: 6
 Latitude: 40.306230 Longitude: -104.798690

Flowline Start Point Riser

Latitude: 40.306312 Longitude -104.798719 PDOP: 0.8 Measurement Date: 07/02/2019

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: 02/01/2011

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: 08/22/2019 Email: cng@srcenergy.com

Print Name: Christi Ng Title: Sr. Regulatory Analyst

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: 9/22/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

| | |
|-----------|------------------|
| 402152325 | Form44 Submitted |
|-----------|------------------|

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)

