

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: 09/05/2019 Document Number: 402159269

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 467694 Location Type: Production Facilities Name: Booth N (Multi) Number: 25-31D County: WELD Qtr Qtr: NWNW Section: 25 Township: 5N Range: 67W Meridian: 6 Latitude: 40.377578 Longitude: -104.847733

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478079 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.377578 Longitude: -104.847733 PDOP: 0.9 Measurement Date: 07/17/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328050 Location Type: Well Site [] No Location ID Name: Booth N (Multi) Number: 25-31D County: WELD Qtr Qtr: NWNW Section: 25 Township: 5N Range: 67W Meridian: 6 Latitude: 40.376552 Longitude: -104.849289

Flowline Start Point Riser

Latitude: 40.376481 Longitude: -104.849449 PDOP: 1.1 Measurement Date: 07/15/2019 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: 12/16/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478080 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.377590 Longitude: -104.847743 PDOP: 0.9 Measurement Date: 07/17/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 309939 Location Type: Well Site No Location ID
Name: BOOTH N-65N67W Number: 25NWNW
County: WELD
Qtr Qtr: NWNW Section: 25 Township: 5N Range: 67W Meridian: 6
Latitude: 40.374681 Longitude: -104.846903

Flowline Start Point Riser

Latitude: 40.374674 Longitude: -104.846891 PDOP: 1.0 Measurement Date: 07/17/2019
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: 01/06/2005
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478081 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.377589 Longitude: -104.847710 PDOP: 0.9 Measurement Date: 07/17/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329951 Location Type: Well Site No Location ID
Name: BOOTH-65N67W Number: 25SWNW
County: WELD
Qtr Qtr: SWNW Section: 25 Township: 5N Range: 67W Meridian: 6
Latitude: 40.372869 Longitude: -104.849194

Flowline Start Point Riser

Latitude: 40.372861 Longitude -104.849220 PDOP: 1.1 Measurement Date: 07/17/2019

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: 12/19/1994

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478082 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.377578 Longitude: -104.847733 PDOP: 0.9 Measurement Date: 07/17/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328050 Location Type: Well Site No Location ID

Name: Booth N (Multi) Number: 25-31D

County: WELD

Qtr Qtr: NWNW Section: 25 Township: 5N Range: 67W Meridian: 6

Latitude: 40.376552 Longitude: -104.849289

Flowline Start Point Riser

Latitude: 40.376558 Longitude -104.849304 PDOP: 1.1 Measurement Date: 07/17/2019

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: 12/15/1994

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478083 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.377577 Longitude: -104.847708 PDOP: 0.8 Measurement Date: 07/17/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328051 Location Type: Well Site No Location ID

Name: Booth N (Multi) Number: 25-18D

County: WELD

Qtr Qtr: NENW Section: 25 Township: 5N Range: 67W Meridian: 6
Latitude: 40.376509 Longitude: -104.844247

Flowline Start Point Riser

Latitude: 40.376386 Longitude -104.844226 PDOP: 1.1 Measurement Date: 07/17/2019
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: 12/21/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478084 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.377585 Longitude: -104.847730 PDOP: 0.9 Measurement Date: 07/17/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328051 Location Type: Well Site No Location ID
Name: Booth N (Multi) Number: 25-18D
County: WELD
Qtr Qtr: NENW Section: 25 Township: 5N Range: 67W Meridian: 6
Latitude: 40.376509 Longitude: -104.844247

Flowline Start Point Riser

Latitude: 40.376514 Longitude -104.844214 PDOP: 1.0 Measurement Date: 07/17/2019
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 12/09/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478085 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.377573 Longitude: -104.847733 PDOP: 1.0 Measurement Date: 07/17/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329952 Location Type: Well Site No Location ID

Name: BOOTH-65N67W Number: 25SEnw

County: WELD

Qtr Qtr: SEnw Section: 25 Township: 5N Range: 67W Meridian: 6

Latitude: 40.372704 Longitude: -104.844244

Flowline Start Point Riser

Latitude: 40.372685 Longitude -104.844255 PDOP: 1.5 Measurement Date: 07/17/2019

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: 12/04/1994

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: 09/05/2019 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

402159269	Form44 Submitted
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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)

