

**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:

09/16/2019

Document Number:

402173232

**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: 467698 Location Type: Production Facilities  
Name: NYC N-65N67W Number: 24SESE  
County: WELD  
Qtr Qtr: SWSE Section: 24 Township: 5N Range: 67W Meridian: 6  
Latitude: 40.378098 Longitude: -104.839404

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 478056 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.378098 Longitude: -104.839404 PDOP: 0.9 Measurement Date: 07/24/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331687 Location Type: Well Site ☐ No Location ID  
Name: NYC N-65N67W Number: 24SESE  
County: WELD  
Qtr Qtr: SESE Section: 24 Township: 5N Range: 67W Meridian: 6  
Latitude: 40.379882 Longitude: -104.833757

**Flowline Start Point Riser**

Latitude: 40.379889 Longitude: -104.833777 PDOP: 1.0 Measurement Date: 07/24/2019  
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: 09/21/2002

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: 09/16/2019 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: 9/24/2020

## Conditions of Approval

COA Type

Description

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## Attachment Check List

Att Doc Num

Name

402173232	Form44 Submitted
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Total Attach: 1 Files

## General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

