

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**

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

Total: 0 comment(s)

