

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: 04/06/2020 Document Number: 402183385

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: 429200 Location Type: Production Facilities Name: WESTERN PC K Number: 15-79HN County: WELD Qtr Qtr: SWSW Section: 10 Township: 4N Range: 66W Meridian: 6 Latitude: 40.320000 Longitude: -104.770910

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478092 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.319255 Longitude: -104.770678 PDOP: 0.9 Measurement Date: 09/03/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330268 Location Type: Well Site [ ] No Location ID Name: MONFORT-64N66W Number: 10SWSW County: WELD Qtr Qtr: SWSW Section: 10 Township: 4N Range: 66W Meridian: 6 Latitude: 40.320220 Longitude: -104.771550

Flowline Start Point Riser

Latitude: 40.320214 Longitude: -104.771549 PDOP: 1.2 Measurement Date: 09/03/2019 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: 11/15/1994  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 478093 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.319352 Longitude: -104.770770 PDOP: 0.8 Measurement Date: 09/21/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 429200 Location Type: Well Site  No Location ID  
Name: WESTERN PC K Number: 15-79HN  
County: WELD  
Qtr Qtr: SWSW Section: 10 Township: 4N Range: 66W Meridian: 6  
Latitude: 40.320000 Longitude: -104.770910

**Flowline Start Point Riser**

Latitude: 40.319983 Longitude: -104.770905 PDOP: 0.9 Measurement Date: 09/21/2019  
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: 01/05/2014  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 478094 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.319275 Longitude: -104.770682 PDOP: 0.8 Measurement Date: 09/03/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 330702 Location Type: Well Site  No Location ID  
Name: FIVE RIVERS USX K Number: 09-08D  
County: WELD  
Qtr Qtr: NWSW Section: 10 Township: 4N Range: 66W Meridian: 6  
Latitude: 40.324380 Longitude: -104.771630

**Flowline Start Point Riser**

Latitude: 40.324365 Longitude -104.771624 PDOP: 1.0 Measurement Date: 09/03/2019

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: 11/16/1997

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: 04/06/2020 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**

402183385	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)

