

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: 04/08/2020 Document Number: 402227057

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: 330659 Location Type: Production Facilities Name: ROACH Number: N14-65-1HN County: WELD Qtr Qtr: NESE Section: 14 Township: 5N Range: 67W Meridian: 6 Latitude: 40.398163 Longitude: -104.852637

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478110 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.399081 Longitude: -104.853755 PDOP: 0.9 Measurement Date: 09/18/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330659 Location Type: Well Site [] No Location ID Name: ROACH Number: N14-65-1HN County: WELD Qtr Qtr: NESE Section: 14 Township: 5N Range: 67W Meridian: 6 Latitude: 40.398163 Longitude: -104.852637

Flowline Start Point Riser

Latitude: 40.398312 Longitude: -104.852612 PDOP: 1.2 Measurement Date: 09/15/2019 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: 06/01/2013
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: 04/08/2020 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

402227057	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)

