

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: 11/30/2020 Document Number: 402541124

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and 906.

Operator Information

OGCC Operator Number: 10536 Contact Person: c smith
Company Name: SMITH ENERGY LLC Phone: (303) 7096157
Address: 1540 MAIN ST SUITE 218 #334 Email: smithenergy@live.com
City: WINDSOR State: CO Zip: 80550
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: 474257 Location Type: Production Facilities
Name: SALLY CLARKE-64N46W Number: 3NENW
County: YUMA
Qtr Qtr: NENE Section: 3 Township: 4N Range: 46W Meridian: 6
Latitude: 40.349198 Longitude: -102.490100

Description of Corrosion Protection
Description of Integrity Management Program
Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474259 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 337117 Location Type: Well Site
Name: SALLY CLARKE-64N46W Number: 3NENW
County: YUMA No Location ID
Qtr Qtr: NENW Section: 3 Township: 4N Range: 46W Meridian: 6

Latitude: 40.348011 Longitude: -102.501540

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: 04/03/2006

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474287 Flowline Type: Production Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 303139 Location Type: Well Site

Name: CLARK-JOSH-64N46W Number: 3NWNE

County: YUMA No Location ID

Qtr Qtr: NWNE Section: 3 Township: 4N Range: 46W Meridian: 6

Latitude: 40.349120 Longitude: -102.496166

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: 06/12/1980

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

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: 11/30/2020 Email: smithenergy@live.com

Print Name: c smith Title: mgr

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: 5/3/2021

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402541124	Form44 Submitted
402542032	OFF-LOCATION FLOWLINE GEODATABASE SHP
402542033	OFF-LOCATION FLOWLINE GEODATABASE SHP
402676706	OFF-LOCATION FLOWLINE GIS SHP
402676707	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 5 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)