

State of Colorado Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 07/27/2023 Document Number: 403479188

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: 70385 Contact Person: Deborah Abrams Company Name: SMITH ENERGY CORP Phone: (303) 8942100 Address: 12706 SHILOH RD Email: deborah.abrams@state.co.us City: GREELEY State: CO Zip: 80631 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: 322177 Location Type: Production Facilities Name: RUNNING CREEK-STATE-66S64W Number: 16NENE County: ELBERT Qtr Qtr: NENE Section: 16 Township: 6S Range: 64W Meridian: 6 Latitude: 39.533806 Longitude: -104.553038

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: 475578 Flowline Type: Production Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322198 Location Type: Well Site Name: RUNNING CREEK STATE-66S64W Number: 16SWNE County: ELBERT No Location ID

Qtr Qtr: SWNE Section: 16 Township: 6S Range: 64W Meridian: 6

Latitude: 39.529626 Longitude: -104.557488

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: 07/24/1986

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE Abandonment Verification**

Date: 06/01/2023

**Abandonment Verification**

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

(No Jurisdiction)

**Description of Abandonment Verification:**

OWP. FLs abandoned in place, at landowner's request.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 475577 Flowline Type: Production Line Action Type: Abandonment Verification

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 322177 Location Type: \_\_\_\_\_ Well Site

Name: RUNNING CREEK-STATE-66S64W Number: 16NENE

County: ELBERT No Location ID

Qtr Qtr: NENE Section: 16 Township: 6S Range: 64W Meridian: 6

Latitude: 39.533806 Longitude: -104.553038

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: 10/17/1986

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE Abandonment Verification**

Date: 06/01/2023

**Abandonment Verification**

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

(No Jurisdiction)

**Description of Abandonment Verification:**

OWP. FLs abandoned in place, at landowner's request.

**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: 07/27/2023 Email: deborah.abrams@state.co.us

Print Name: Deborah Abrams Title: OWP

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: \_\_\_\_\_

## Conditions of Approval

**COA Type**

**Description**

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### Attachment Check List

**Att Doc Num**

**Name**

|           |                                    |
|-----------|------------------------------------|
| 403479226 | OFF-LOCATION FLOWLINE GIS KML      |
| 403479227 | OFF-LOCATION FLOWLINE GIS KML      |
| 403479229 | ABANDONMENT IN PLACE DOCUMENTATION |

Total Attach: 3 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)