

State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/03/2018

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## 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) 616.4385  
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 (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

**OFF LOCATION FLOWLINE****FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 333287 Location Type: Production Facilities  
Name: FLOCKHART Number: 12-45  
County: WELD  
Qtr Qtr: SWSE Section: 12 Township: 6N Range: 67W Meridian: 6  
Latitude: 40.497930 Longitude: -104.837100

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.497810 Longitude: -104.837430 PDOP: 1.8 Measurement Date: 05/11/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 302387 Location Type: Well Site ☐ No Location ID  
Name: FLOCKHART-66N67W Number: 12SESE  
County: WELD  
Qtr Qtr: SESE Section: 12 Township: 6N Range: 67W Meridian: 6  
Latitude: 40.496155 Longitude: -104.834040

**Flowline Start Point Riser**

Latitude: 40.496170 Longitude: -104.834060 PDOP: 2.6 Measurement Date: 05/11/2017  
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: 09/01/2008  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments Submittal of Form 44 flowline abandoned to follow registration.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 10/03/2018 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: \_\_\_\_\_

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files