

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:

09/20/2018

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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: 447210 Location Type: Production Facilities  
Name: YAKLICH PM F 11-03,6 Number: \_\_\_\_\_  
County: WELD  
Qtr Qtr: NWNW Section: 11 Township: 5N Range: 65W Meridian: 6  
Latitude: 40.417507 Longitude: -104.635859

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.417440 Longitude: -104.635460 PDOP: 1.8 Measurement Date: 02/27/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332931 Location Type: Well Site ☐ No Location ID  
Name: YAKLICH-PM F-65N65W Number: 11NENW  
County: WELD  
Qtr Qtr: NENW Section: 11 Township: 5N Range: 65W Meridian: 6  
Latitude: 40.418520 Longitude: -104.632950

**Flowline Start Point Riser**

Latitude: 40.418520 Longitude: -104.632970 PDOP: 2.9 Measurement Date: 02/27/2017  
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: 02/01/1989  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.417430 Longitude: -104.635460 PDOP: 1.7 Measurement Date: 02/27/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332897 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: YAKLICH-PM F-65N65W Number: 11SEW  
County: WELD  
Qtr Qtr: SENW Section: 11 Township: 5N Range: 65W Meridian: 6  
Latitude: 40.415390 Longitude: -104.632620

**Flowline Start Point Riser**

Latitude: 40.415390 Longitude: -104.632630 PDOP: 1.7 Measurement Date: 02/27/2018  
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: 01/01/1989  
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: 09/20/2018 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**

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