

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:

10/28/2019

Document Number:

402201464

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

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

Location ID: 419196 Location Type: Production Facilities  
Name: FIVE RIVERS K Number: 03-23 TANK  
County: WELD  
Qtr Qtr: NESE Section: 3 Township: 4N Range: 66W Meridian: 6  
Latitude: 40.338010 Longitude: -104.754880

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.338022 Longitude: -104.754500 PDOP: 0.8 Measurement Date: 09/25/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 327079 Location Type: Well Site ☐ No Location ID  
Name: WETCO-PM K-64N66W Number: 3SESE  
County: WELD  
Qtr Qtr: SESE Section: 3 Township: 4N Range: 66W Meridian: 6  
Latitude: 40.335847 Longitude: -104.756325

**Flowline Start Point Riser**

Latitude: 40.335877 Longitude: -104.756340 PDOP: 1.2 Measurement Date: 09/25/2019  
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: 11/09/1988  
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: 10/28/2019 Email: [cng@srcenergy.com](mailto: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>
--------------------	-------------

--	--

Total Attach: 0 Files