

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:

10/15/2019

Document Number:

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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: 10536

Contact Person: CHRISTOPHER SMITH

Company Name: SMITH ENERGY LLC

Phone: (303) 709-6157

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

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 317333 Location Type: Well Site

Name: PRICE-62S49W

Number: 7SESE

County: WASHINGTON

Qtr Qtr: SESE Section: 7 Township: 2S Range: 49W Meridian: 6

Latitude: 39.890279 Longitude: -102.898589

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 39.892918 Longitude: -102.899225 PDOP: Measurement Date: 10/12/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location IdentificationLocation ID: 317333 Location Type: Well Site ☐ No Location ID

Name: PRICE-62S49W

Number: 7SESE

County: WASHINGTON

Qtr Qtr: SESE Section: 7 Township: 2S Range: 49W Meridian: 6

Latitude: 39.890279 Longitude: -102.898589

Flowline Start Point Riser

Latitude: 39.890295 Longitude: -102.898601 PDOP: Measurement Date: 06/10/2010

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: 05/17/1998
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 10/15/2019 Email: smithenergy@live.com

Print Name: CHRISTOPHER SMITH Title: MANAGER

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**Att Doc Num****Name**

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Total Attach: 0 Files