

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

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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: CHRIS 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: 317394 Location Type: Well Site  
Name: ABARR CHRISTIANSON-63S49W Number: 12SEW  
County: WASHINGTON  
Qtr Qtr: SENW Section: 12 Township: 3S Range: 49W Meridian: 6  
Latitude: 39.811011 Longitude: -102.812405

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 39.809389 Longitude: -102.811764 PDOP: Measurement Date: 10/12/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 317394 Location Type: Well Site ☐ No Location ID  
Name: ABARR CHRISTIANSON-63S49W Number: 12SEW  
County: WASHINGTON  
Qtr Qtr: SENW Section: 12 Township: 3S Range: 49W Meridian: 6  
Latitude: 39.811011 Longitude: -102.812405

**Flowline Start Point Riser**

Latitude: 39.811137 Longitude: -102.812490 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: 04/27/2005  
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: CHRIS 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