

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/15/2019

Document Number:

402208900

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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 474205 Location Type: Well Site
Name: CHRISTIANSON-NIOBRARA-63S50W Number: 12NWNE
County: WASHINGTON
Qtr Qtr: NWNE Section: 12 Township: 3S Range: 50W Meridian: 6
Latitude: 39.814923 Longitude: -102.923713

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474208 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.814923 Longitude: -102.923713 PDOP: Measurement Date: 10/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317353 Location Type: Well Site ☐ No Location ID
Name: CHRISTIANSON-NIOBRARA-63S50W Number: 12SENE
County: WASHINGTON
Qtr Qtr: SENE Section: 12 Township: 3S Range: 50W Meridian: 6
Latitude: 39.809530 Longitude: -102.919209

Flowline Start Point Riser

Latitude: 39.809608 Longitude: -102.919254 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: 11/12/2002
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: 10/15/2019 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: 3/26/2020

Attachment Check List**Att Doc Num****Name**

402208900

Form44 Submitted

Total Attach: 1 Files