

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:

402201448

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: 419226 Location Type: Production Facilities
Name: FIVE RIVERS K Number: 03-23
County: WELD
Qtr Qtr: SWSE Section: 3 Township: 4N Range: 66W Meridian: 6
Latitude: 40.337240 Longitude: -104.758990

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.337618 Longitude: -104.759104 PDOP: 0.9 Measurement Date: 09/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333154 Location Type: Well Site ☐ No Location ID
Name: UNI-UPRC-64N66W Number: 3SESW
County: WELD
Qtr Qtr: SESW Section: 3 Township: 4N Range: 66W Meridian: 6
Latitude: 40.335459 Longitude: -104.765736

Flowline Start Point Riser

Latitude: 40.335525 Longitude: -104.761331 PDOP: 1.1 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: 08/13/1987
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

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