

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 10/28/2019 Document Number: 402223571

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: 70385 Contact Person: GLENN SMITH Company Name: SMITH ENERGY CORP Phone: (970) 381-6253 Address: 12706 SHILOH RD Email: smithenergycorp@gmail.com City: GREELEY State: CO Zip: 80631 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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 327106 Location Type: Production Facilities Name: NORTHRUP-67N57W Number: 14SEW County: WELD Qtr Qtr: SENW Section: 14 Township: 7N Range: 57W Meridian: 6 Latitude: 40.575427 Longitude: -103.726970

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475609 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.575578 Longitude: -103.726736 PDOP: Measurement Date: 10/14/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327106 Location Type: Well Site [] No Location ID Name: NORTHRUP-67N57W Number: 14SEW County: WELD Qtr Qtr: SENW Section: 14 Township: 7N Range: 57W Meridian: 6 Latitude: 40.575427 Longitude: -103.726970

Flowline Start Point Riser

Latitude: 40.575464 Longitude: -103.726997 PDOP: Measurement Date: 10/14/2019 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: 07/08/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475610 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.575578 Longitude: -103.726736 PDOP: _____ Measurement Date: 10/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332130 Location Type: Well Site No Location ID
Name: NORTHRUP-67N57W Number: 14NENW
County: WELD
Qtr Qtr: NENW Section: 14 Township: 7N Range: 57W Meridian: 6
Latitude: 40.579057 Longitude: -103.726960

Flowline Start Point Riser

Latitude: 40.579128 Longitude: -103.726915 PDOP: _____ Measurement Date: 10/12/2019
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: 05/09/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 475611 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.575578 Longitude: -103.726736 PDOP: _____ Measurement Date: 10/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305168 Location Type: Well Site No Location ID
Name: CHINOOK-67N57W Number: 14NWNW
County: WELD
Qtr Qtr: NWNW Section: 14 Township: 7N Range: 57W Meridian: 6
Latitude: 40.579127 Longitude: -103.731640

Flowline Start Point Riser

Latitude: 40.579252 Longitude -103.731880 PDOP: _____ Measurement Date: 10/12/2019

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: 01/29/2004

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: smithenergycorp@gmail.com

Print Name: GLENN SMITH Title: PRESIDENT

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: 4/22/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402223571	Form44 Submitted

Total Attach: 1 Files