

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:

11/26/2020

Document Number:

402541030

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and

Operator Information

OGCC Operator Number: 10536 Contact Person: c smith
Company Name: SMITH ENERGY LLC Phone: (303) 7096157
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: 473991 Location Type: Production Facilities
Name: CHRISTIANSON-63S49W Number: 12NESW
County: WASHINGTON
Qtr Qtr: SENW Section: 12 Township: 3S Range: 49W Meridian: 6
Latitude: 39.809366 Longitude: -102.811766

Description of Corrosion Protection

Description of Integrity Management Program

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474202 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317393 Location Type: Well Site ☐
Name: ABARR CHRISTIANSON-63S49W Number: 12NWSW
County: WASHINGTON No Location ID
Qtr Qtr: NWSW Section: 12 Township: 3S Range: 49W Meridian: 6

Latitude: 39.806331 Longitude: -102.817276

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: _____

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473995 Flowline Type: Production Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317168 Location Type: Well Site ☒

Name: CHRISTIANSON-63S49W Number: 12NESW

County: WASHINGTON No Location ID

Qtr Qtr: NESW Section: 12 Township: 3S Range: 49W Meridian: 6

Latitude: 39.807023 Longitude: -102.812380

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: 10/21/1979

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474201 Flowline Type: Production Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

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

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

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: 11/26/2020 Email: smithenergy@live.com

Print Name: c smith Title: mgr

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: _____

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402541031

OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

