

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:

06/12/2018

Document Number:

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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: 10633 Contact Person: Renee Kendrick
Company Name: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 309-1931
Address: 1801 CALIFORNIA STREET #2500 Email: renee.kendrick@crestonepr.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: 319482 Location Type: Well Site
Name: ROCKY MOUNTAIN FUEL CO-62N67W Number: 32CSW
County: WELD
Qtr Qtr: CSW Section: 32 Township: 2N Range: 67W Meridian: 6
Latitude: 40.091157 Longitude: -104.919444

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455929 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.091300 Longitude: -104.919100 PDOP: Measurement Date: 06/11/2018
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 319481 Location Type: Well Site ☐ No Location ID
Name: ROCKY MTN FUEL CO-62N67W Number: 32CNW
County: WELD
Qtr Qtr: CNW Section: 32 Township: 2N Range: 67W Meridian: 6
Latitude: 40.098407 Longitude: -104.919304

Flowline Start Point Riser

Latitude: 40.097900 Longitude: -104.919200 PDOP: Measurement Date: 06/11/2018
Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 02/28/1984
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: 06/12/2018 Email: renee.kendrick@crestonepr.com

Print Name: Renee Kendrick Title: Regulatory Coordinator

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: 7/12/2018

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

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Total Attach: 0 Files