

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/27/2018

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 335860 Location Type: Production Facilities
Name: BICKLER-61N68W Number: 34NESW
County: BROOMFIELD
Qtr Qtr: NESW Section: 34 Township: 1N Range: 68W Meridian: 6
Latitude: 40.006930 Longitude: -104.990480

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456390 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.006699 Longitude: -104.990255 PDOP: Measurement Date: 06/25/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323083 Location Type: Well Site [] No Location ID
Name: BICKLER-61N68W Number: 34SWNW
County: WELD
Qtr Qtr: SWNW Section: 34 Township: 1N Range: 68W Meridian: 6
Latitude: 40.009021 Longitude: -104.996112

Flowline Start Point Riser

Latitude: 40.009025 Longitude: -104.996092 PDOP: Measurement Date: 06/25/2018
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: 09/26/1987
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: 06/27/2018 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: 7/30/2018

Attachment Check List

Att Doc Num

Name

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
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Total Attach: 0 Files