

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:

08/21/2018

Document Number:

401739410

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: 331608 Location Type: Production Facilities
Name: CHAPIN 61N65W Number: / 4 SESE
County: WELD
Qtr Qtr: SESE Section: 4 Township: 1N Range: 65W Meridian: 6
Latitude: 40.075060 Longitude: -104.661820

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456304 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.074740 Longitude: -104.661666 PDOP: Measurement Date: 06/20/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331577 Location Type: Well Site ☐ No Location ID
Name: CHAPIN-61N65W Number: 4NESE
County: WELD
Qtr Qtr: NESE Section: 4 Township: 1N Range: 65W Meridian: 6
Latitude: 40.078329 Longitude: -104.661115

Flowline Start Point Riser

Latitude: 40.078401 Longitude: -104.661064 PDOP: Measurement Date: 06/20/2018
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: 08/05/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/15/2018

Description of Abandonment

Pipe was disconnected from wellhead and also from Crestone separator. Both ends plugged below ground. Flowline was flushed with 25bbls fresh water prior to plugging. Line was verified free of hydro carbons with LEL monitor. Line was cut below ground level. Line was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456303 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.074726 Longitude: -104.661657 PDOP: _____ Measurement Date: 06/20/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331608 Location Type: Well Site ☐ No Location ID
Name: CHAPIN 61N65W Number: / 4 SESE
County: WELD
Qtr Qtr: SESE Section: 4 Township: 1N Range: 65W Meridian: 6
Latitude: 40.075060 Longitude: -104.661820

Flowline Start Point Riser

Latitude: 40.075093 Longitude: -104.661824 PDOP: _____ Measurement Date: 06/20/2018
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: 07/16/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/15/2018

Description of Abandonment

Pipe was disconnected from wellhead and also from Crestone separator. Pipe was then removed. Flowline was flushed with 25bbls fresh water prior to removing. Line was removed from location.

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: 08/21/2018 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: 9/7/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
--------------------	-------------

--	--

Total Attach: 0 Files