

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:

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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: 446484 Location Type: Production Facilities  
Name: GRANT Number: \_\_\_\_\_  
County: WELD  
Qtr Qtr: NWNE Section: 26 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.116700 Longitude: -104.967740

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457193 Flowline Type: \_\_\_\_\_ Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.116513 Longitude: -104.968102 PDOP: \_\_\_\_\_ Measurement Date: 07/19/2018  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 336412 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: GRANT BROTHERS-62N68W Number: 26SENE  
County: WELD  
Qtr Qtr: SENE Section: 26 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.112447 Longitude: -104.965005

## Flowline Start Point Riser

Latitude: 40.112516 Longitude: -104.964879 PDOP: \_\_\_\_\_ Measurement Date: 07/19/2018  
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: 12/19/1991  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 457194 Flowline Type: \_\_\_\_\_ Action Type: Registration

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

Latitude: 40.116513 Longitude: -104.968102 PDOP: \_\_\_\_\_ Measurement Date: 07/19/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 333136 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: GRANT-62N68W Number: 26SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 26 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.111434 Longitude: -104.968093

**Flowline Start Point Riser**

Latitude: 40.111392 Longitude: -104.968495 PDOP: \_\_\_\_\_ Measurement Date: 07/19/2018  
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: 01/07/2000  
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: 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>
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Total Attach: 0 Files