

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: 08/21/2018

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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: 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

[Empty text box for operator 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**

**Att Doc Num**      **Name**

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Total Attach: 0 Files