

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:

09/13/2018

Document Number:

401761817

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: 317673 Location Type: Production Facilities
Name: SELTZER-61N67W Number: 34SESW
County: WELD
Qtr Qtr: SESW Section: 34 Township: 1N Range: 67W Meridian: 6
Latitude: 40.003119 Longitude: -104.880622

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457808 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.002986 Longitude: -104.880196 PDOP: Measurement Date: 09/09/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333142 Location Type: Well Site [ ] No Location ID
Name: SELTZER-61N67W Number: 34SWSW
County: WELD
Qtr Qtr: SWSW Section: 34 Township: 1N Range: 67W Meridian: 6
Latitude: 40.001920 Longitude: -104.883765

Flowline Start Point Riser

Latitude: 40.002024 Longitude: -104.884117 PDOP: Measurement Date: 08/28/2018
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: 07/10/2002  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 457809 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.002975 Longitude: -104.880192 PDOP: \_\_\_\_\_ Measurement Date: 08/28/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 333129 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: BURKHARDT SELTZER-61N67W Number: 34SESW  
County: WELD  
Qtr Qtr: SESW Section: 34 Township: 1N Range: 67W Meridian: 6  
Latitude: 40.002160 Longitude: -104.879290

**Flowline Start Point Riser**

Latitude: 40.001738 Longitude: -104.879224 PDOP: \_\_\_\_\_ Measurement Date: 08/28/2018  
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: 08/01/2002  
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: 09/13/2018 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: 10/8/2018

**Attachment Check List**

**Att Doc Num**      **Name**

401761817	Form44 Submitted
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Total Attach: 1 Files