

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:

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 ☒ 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

Total Attach: 1 Files