

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:

06/20/2018

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 458260 Location Type: Production Facilities  
Name: ARISTOCRAT ANGUS 63N65W Number: 3NENW MULTIWELL  
County: WELD  
Qtr Qtr: 3 Section: 3 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.259019 Longitude: -104.652592

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458306 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.259019 Longitude: -104.652592 PDOP: Measurement Date: 06/19/2018  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332681 Location Type: Well Site [ ] No Location ID  
Name: ARISTOCRAT ANGUS 63N65W Number: 3NENW MULTIWELL  
County: WELD  
Qtr Qtr: 3 Section: 3 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.259050 Longitude: -104.651180

Flowline Start Point Riser

Latitude: 40.259037 Longitude: -104.651177 PDOP: Measurement Date: 06/19/2018  
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: 03/16/1993  
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: 06/20/2018 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: 10/26/2018

**Attachment Check List**

**Att Doc Num**

**Name**

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

Total Attach: 0 Files