

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:

10/31/2018

Document Number:

401819748

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: Schuyler Hamilton
Company Name: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 774-4017
Address: 1801 CALIFORNIA STREET #2500 Email: schuyler.hamilton@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: 457809 Flowline Type: Wellhead Line Action Type: Abandonment

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: Multiphase Pipe Material: _____ Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 08/01/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/18/2018

Description of Abandonment

Pipe was disconnected from wellhead and from separator. 551' of flowline was abandoned in place. Flowline was flushed with 25bbls fresh water and verified with LEL monitor that line was free of hydrocarbons. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

FLOWLINE FACILITY INFORMATION

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

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: 09/09/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: _____ Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 07/10/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/18/2018

Description of Abandonment

Flowline was disconnected from wellhead and from separator. 1172' of flowline was abandoned in place. Flowline was flushed with 25bbls fresh water and verified with LEL monitor that line was free of hydrocarbons. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

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: 10/31/2018 Email: schuyler.hamilton@crestonepr.com

Print Name: Schuyler Hamilton Title: EHS Field Technician

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: 11/29/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401819748	Form44 Submitted

Total Attach: 1 Files