

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:

11/07/2018

Document Number:

401830297

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: Location Type: Production Facilities
Name: Boulder Bank 1 Number: 71N66W
County: WELD
Qtr Qtr: SESW Section: 7 Township: 1N Range: 66W Meridian: 6
Latitude: 40.061305 Longitude: -104.823705

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.061286 Longitude: -104.823487 PDOP: Measurement Date: 10/26/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331769 Location Type: Well Site ☐ No Location ID
Name: BOULDER BANK-61N66W Number: 7SESW
County: WELD
Qtr Qtr: SESW Section: 7 Township: 1N Range: 66W Meridian: 6
Latitude: 40.059588 Longitude: -104.821810

Flowline Start Point Riser

Latitude: 40.059663 Longitude: -104.821646 PDOP: Measurement Date: 10/26/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 04/26/2003
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.061289 Longitude: -104.823487 PDOP: _____ Measurement Date: 10/26/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330850 Location Type: _____ Well Site ☐ No Location ID
Name: BOULDER BANK-61N66W Number: 7NESW
County: WELD
Qtr Qtr: NESW Section: 7 Township: 1N Range: 66W Meridian: 6
Latitude: 40.063758 Longitude: -104.822360

Flowline Start Point Riser

Latitude: 40.063859 Longitude: -104.822165 PDOP: _____ Measurement Date: 10/28/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 04/01/2000
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: 11/07/2018 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: _____

Attachment Check List

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

Total Attach: 0 Files