

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:

401831071

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: 421058 Location Type: Production Facilities
Name: HERREN 63N67W Number: 6-0-33 PAD
County: WELD
Qtr Qtr: NENE Section: 33 Township: 3N Range: 67W Meridian: 6
Latitude: 40.188800 Longitude: -104.886860

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.189133 Longitude: -104.887015 PDOP: Measurement Date: 10/02/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318301 Location Type: Well Site ☐ No Location ID
Name: HERREN-63N67W Number: 33SENE
County: WELD
Qtr Qtr: SENE Section: 33 Township: 3N Range: 67W Meridian: 6
Latitude: 40.185066 Longitude: -104.889994

Flowline Start Point Riser

Latitude: 40.185175 Longitude: -104.889722 PDOP: Measurement Date: 10/02/2018
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: 03/15/1977
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: 40.189133 Longitude: -104.887015 PDOP: _____ Measurement Date: 10/02/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331342 Location Type: _____ Well Site ☐ No Location ID
Name: Herren Number: 33H-H367 Pad
County: WELD
Qtr Qtr: SENE Section: 33 Township: 3N Range: 67W Meridian: 6
Latitude: 40.183205 Longitude: -104.887167

Flowline Start Point Riser

Latitude: 40.183516 Longitude: -104.887389 PDOP: _____ Measurement Date: 09/25/2018
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: 03/24/2008
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: 40.189133 Longitude: -104.887015 PDOP: _____ Measurement Date: 10/02/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331341 Location Type: _____ Well Site ☐ No Location ID
Name: HERREN-63N67W Number: 33SWNE
County: WELD
Qtr Qtr: SWNE Section: 33 Township: 3N Range: 67W Meridian: 6
Latitude: 40.183436 Longitude: -104.893674

Flowline Start Point Riser

Latitude: 40.183551 Longitude -104.893459 PDOP: Measurement Date: 09/25/2018

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: 02/01/2009

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments

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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>
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Total Attach: 0 Files