

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:

08/29/2018

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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 459282 Location Type: Gathering Line
Name: Mathews B Unit 1 Sales Line Number:
County: WELD
Qtr Qtr: SESE Section: 14 Township: 1N Range: 66W Meridian: 6
Latitude: 40.044221 Longitude: -104.735187

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460217 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.044221 Longitude: -104.735187 PDOP: Measurement Date: 08/25/2018
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 329863 Location Type: Production Facilities ☐ No Location ID
Name: MATHEWS 'B' UNIT-61N66W Number: 14SWSE
County: WELD
Qtr Qtr: SWSE Section: 14 Township: 1N Range: 66W Meridian: 6
Latitude: 40.047219 Longitude: -104.740268

Flowline Start Point Riser

Latitude: 40.046789 Longitude: -104.740131 PDOP: Measurement Date: 08/20/2018
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 05/20/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments This is a sales line that runs from CRP's separator to the meter.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 08/29/2018 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: 12/21/2018

Attachment Check List

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

Total Attach: 0 Files