

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:

01/14/2019

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401904271

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 327394 Location Type: Production Facilities
Name: BANGERT-62N66W Number: 19SWSE
County: WELD
Qtr Qtr: SWSE Section: 19 Township: 2N Range: 66W Meridian: 6
Latitude: 40.119267 Longitude: -104.816341

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457418 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.119295 Longitude: -104.815865 PDOP: Measurement Date: 08/07/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336465 Location Type: Well Site [] No Location ID
Name: PARKER-62N66W Number: 19NWSE
County: WELD
Qtr Qtr: NWSE Section: 19 Township: 2N Range: 66W Meridian: 6
Latitude: 40.122050 Longitude: -104.817370

Flowline Start Point Riser

Latitude: 40.122206 Longitude: -104.817055 PDOP: Measurement Date: 08/07/2018
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: 03/09/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.119267 Longitude: -104.815881 PDOP: _____ Measurement Date: 08/07/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327394 Location Type: _____ Well Site No Location ID

Name: BANGERT-62N66W Number: 19SWSE

County: WELD

Qtr Qtr: SWSE Section: 19 Township: 2N Range: 66W Meridian: 6

Latitude: 40.119267 Longitude: -104.816341

Flowline Start Point Riser

Latitude: 40.119057 Longitude: -104.816200 PDOP: _____ Measurement Date: 08/07/2018

Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 05/10/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457419 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.119295 Longitude: -104.815865 PDOP: _____ Measurement Date: 08/03/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336465 Location Type: _____ Well Site No Location ID

Name: PARKER-62N66W Number: 19NWSE

County: WELD

Qtr Qtr: NWSE Section: 19 Township: 2N Range: 66W Meridian: 6

Latitude: 40.122050 Longitude: -104.817370

Flowline Start Point Riser

Latitude: 40.121909 Longitude -104.817661 PDOP: _____ Measurement Date: 08/07/2018

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: 05/22/2002

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

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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: 01/14/2019 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

Att Doc Num

Name

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Total Attach: 0 Files