

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

01/15/2019

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: 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: 459290 Location Type: Production Facilities
Name: Gittlein 11-4 Flowline Number:
County: WELD
Qtr Qtr: NWNW Section: 4 Township: 1N Range: 65W Meridian: 6
Latitude: 40.087450 Longitude: -104.675207

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460239 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.087463 Longitude: -104.675202 PDOP: Measurement Date: 08/10/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330829 Location Type: Well Site [ ] No Location ID
Name: GITTLEIN-61N65W Number: 4NWNW
County: WELD
Qtr Qtr: NWNW Section: 4 Township: 1N Range: 65W Meridian: 6
Latitude: 40.086479 Longitude: -104.675386

Flowline Start Point Riser

Latitude: 40.086507 Longitude: -104.675334 PDOP: Measurement Date: 08/03/2018
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 04/09/1999  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 09/22/2018

**Description of Abandonment**

Flowline was disconnected from separator and from well. Flowline was completely removed. Flowline was flushed with 25bbbls fresh water prior to removal. Line was verified free of hydro carbons with LEL monitor.

**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: 01/15/2019 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**

Att Doc Num	Name

Total Attach: 0 Files