

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:

12/26/2018

Document Number:

401886489

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: 317605 Location Type: Production Facilities
Name: MARCUS-STATE-62N66W Number: 36SWSW
County: WELD
Qtr Qtr: SWSW Section: 36 Township: 2N Range: 66W Meridian: 6
Latitude: 40.090048 Longitude: -104.731468

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.090084 Longitude: -104.731673 PDOP: 1.8 Measurement Date: 11/28/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331932 Location Type: Well Site ☐ No Location ID
Name: MARCUS STATE-62N66W Number: 36SESW
County: WELD
Qtr Qtr: SESW Section: 36 Township: 2N Range: 66W Meridian: 6
Latitude: 40.088708 Longitude: -104.727758

Flowline Start Point Riser

Latitude: 40.088819 Longitude: -104.727542 PDOP: 1.4 Measurement Date: 11/28/2018
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
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Bedding Material: _____ Date Construction Completed: 09/07/2003

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: 12/26/2018 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