

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

01/30/2019

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  No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 404815 Location Type: Production Facilities  
Name: DIER Number: 8-4-8  
County: WELD  
Qtr Qtr: NESE Section: 8 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.151137 Longitude: -104.906950

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460233 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.150868 Longitude: -104.906924 PDOP: Measurement Date: 08/07/2018  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331404 Location Type: Well Site  No Location ID  
Name: DIER-62N67W Number: 8CSE  
County: WELD  
Qtr Qtr: CSE Section: 8 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.148687 Longitude: -104.909624

Flowline Start Point Riser

Latitude: 40.148820 Longitude: -104.909365 PDOP: Measurement Date: 08/07/2018  
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: 02/14/2002  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 01/10/2019

**Description of Abandonment**

Pipe was disconnected from wellhead and from Crestone separator. Flowline was flushed with 25bbls fresh water prior to abandonment. 905' of flowline from separator to the well was removed. 145' of the flowline to the well was removed from the ground. Verified with LEL monitor that line was free of hydrocarbons. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 460232 Flowline Type: Wellhead Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.150868 Longitude: -104.906930 PDOP: \_\_\_\_\_ Measurement Date: 08/07/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 330892 Location Type: Well Site  No Location ID  
Name: DIER Number: 4-4-8  
County: WELD  
Qtr Qtr: NWSE Section: 8 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.151170 Longitude: -104.912420

**Flowline Start Point Riser**

Latitude: 40.151181 Longitude -104.912435 PDOP: \_\_\_\_\_ Measurement Date: 08/07/2018  
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: 07/11/2010  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 01/10/2019

**Description of Abandonment**

Flowline was disconnected from separator and wellhead. Both ends plugged below ground. Flowline was flushed with 25bbls fresh water prior to plugging. Line was verified free of hydro carbons with LEL monitor. Line was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

**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: 01/30/2019 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files