

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:

01/30/2019

Document Number:

401924003

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: 458018 Location Type: Production Facilities
Name: MELBON RANCH 62N65W/17 NESE Number: 43-17
County: WELD
Qtr Qtr: NESE Section: 17 Township: 2N Range: 65W Meridian: 6
Latitude: 40.134400 Longitude: -104.679300

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458121 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.134439 Longitude: -104.679334 PDOP: Measurement Date: 06/12/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332025 Location Type: Well Site [] No Location ID
Name: MELBON RANCH 62N65W/17 NESE Number: 43-17
County: WELD
Qtr Qtr: NESE Section: 17 Township: 2N Range: 65W Meridian: 6
Latitude: 40.136980 Longitude: -104.680090

Flowline Start Point Riser

Latitude: 40.136958 Longitude: -104.680094 PDOP: Measurement Date: 06/12/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 03/11/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/25/2018

Description of Abandonment

Pipe was disconnected from Crestone wellhead and from Crestone separator. 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.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458120 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.134440 Longitude: -104.679373 PDOP: _____ Measurement Date: 06/12/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332025 Location Type: _____ Well Site No Location ID
Name: MELBON RANCH 62N65W/17 NESE Number: 43-17
County: WELD
Qtr Qtr: NESE Section: 17 Township: 2N Range: 65W Meridian: 6
Latitude: 40.136980 Longitude: -104.680090

Flowline Start Point Riser

Latitude: 40.136913 Longitude -104.679931 PDOP: _____ Measurement Date: 06/12/2018
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: 05/06/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/25/2018

Description of Abandonment

Flowline was disconnected from Crestone wellhead and from Crestone separator. 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

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