

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:

11/30/2018

Document Number:

401857476

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: 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: Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.134370 Longitude: -104.679345 PDOP: Measurement Date: 11/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329865 Location Type: Well Site ☐ No Location ID
Name: MELBON RANCH 'E' UNIT-62N65W Number: 17SESE
County: WELD
Qtr Qtr: SESE Section: 17 Township: 2N Range: 65W Meridian: 6
Latitude: 40.134108 Longitude: -104.682057

Flowline Start Point Riser

Latitude: 40.134197 Longitude: -104.682014 PDOP: Measurement Date: 11/07/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 04/08/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458120 Flowline Type: Production Line Action Type: _____

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

Latitude: 40.134400 Longitude: -104.679300 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: 40.136900 Longitude: -104.679900 PDOP: _____ Measurement Date: 06/12/2018
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: 05/06/2012
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: 458121 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 40.134400 Longitude: -104.679300 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: 40.137000 Longitude -104.680100 PDOP: Measurement Date: 06/12/2018
:

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: 03/11/2010

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date:

Description of Removal from Service

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: 11/30/2018 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

Att Doc Num

Name

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Total Attach: 0 Files