

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

02/07/2019

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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: 330835 Location Type: Production Facilities
Name: IONE-62N66W Number: 8SWNE
County: WELD
Qtr Qtr: SWNE Section: 8 Township: 2N Range: 66W Meridian: 6
Latitude: 40.153737 Longitude: -104.799380

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.153528 Longitude: -104.799588 PDOP: Measurement Date: 07/19/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330835 Location Type: Well Site No Location ID
Name: IONE-62N66W Number: 8SWNE
County: WELD
Qtr Qtr: SWNE Section: 8 Township: 2N Range: 66W Meridian: 6
Latitude: 40.153737 Longitude: -104.799380

Flowline Start Point Riser

Latitude: 40.153900 Longitude: -104.799470 PDOP: Measurement Date: 07/19/2018
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: 02/23/1999
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: 02/07/2019 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