

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:

02/07/2019

Document Number:

401931961

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: 317543 Location Type: Production Facilities
Name: GRENAMEYER-61N67W Number: 26SWSW
County: WELD
Qtr Qtr: SWSW Section: 26 Township: 1N Range: 67W Meridian: 6
Latitude: 40.016578 Longitude: -104.864961

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456294 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.016484 Longitude: -104.864930 PDOP: Measurement Date: 06/16/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331033 Location Type: Well Site ☐ No Location ID
Name: HOWARD Number: 23-26
County: WELD
Qtr Qtr: NESW Section: 26 Township: 1N Range: 67W Meridian: 6
Latitude: 40.020298 Longitude: -104.860171

Flowline Start Point Riser

Latitude: 40.020283 Longitude: -104.860117 PDOP: Measurement Date: 06/20/2018
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: 11/18/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 08/27/2018

Description of Removal from Service

Pipe was disconnected from wellhead and also from Crestone separator. Flowline was flushed with 25bbls fresh water prior to abandonment. 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: 456012 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 40.016479 Longitude: -104.864960 PDOP: _____ Measurement Date: 06/27/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331637 Location Type: _____ Well Site ☐ No Location ID
Name: GRENAMEYER-61N67W Number: 26SESW
County: WELD
Qtr Qtr: SESW Section: 26 Township: 1N Range: 67W Meridian: 6
Latitude: 40.017978 Longitude: -104.862311

Flowline Start Point Riser

Latitude: 40.018030 Longitude: -104.862270 PDOP: _____ Measurement Date: 06/27/2018
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: 08/26/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 08/27/2018

Description of Removal from Service

Pipe was disconnected from wellhead and also from Crestone separator. Flowline was flushed with 25bbls fresh water prior to abandonment. 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: 461056 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.016407 Longitude: -104.864987 PDOP: Measurement Date: 08/20/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location IdentificationLocation ID: 335620 Location Type: Well Site ☐ No Location ID

Name: GRENEMEYER-61N67W Number: 26SESW

County: WELD

Qtr Qtr: SESW Section: 26 Township: 1N Range: 67W Meridian: 6

Latitude: 40.016250 Longitude: -104.859520

Flowline Start Point Riser

Latitude: 40.016332 Longitude: -104.859415 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: 06/29/2007

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/27/2018

Description of Abandonment

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water prior to abandonment. 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: 456011 Flowline Type: Wellhead Line Action Type:

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

Latitude: 40.016488 Longitude: -104.864962 PDOP: Measurement Date: 06/27/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location IdentificationLocation ID: 335620 Location Type: Well Site ☐ No Location ID

Name: GRENEMEYER-61N67W Number: 26SESW

County: WELD

Qtr Qtr: SESW Section: 26 Township: 1N Range: 67W Meridian: 6

Latitude: 40.016250 Longitude: -104.859520

Flowline Start Point Riser

Latitude: 40.016251 Longitude: -104.859541 PDOP: Measurement Date: 06/27/2018

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: 08/06/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 08/27/2018

Description of Removal from Service

Pipe was disconnected from wellhead and also from Crestone separator. Flowline was flushed with 25bbls fresh water prior to abandonment. 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: 456293 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 40.016485 Longitude: -104.864922 PDOP: _____ Measurement Date: 06/20/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330963 Location Type: _____ Well Site ☐ No Location ID
Name: HOWARD Number: 13-26
County: WELD
Qtr Qtr: NWSW Section: 26 Township: 1N Range: 67W Meridian: 6
Latitude: 40.020298 Longitude: -104.864919

Flowline Start Point Riser

Latitude: 40.020276 Longitude -104.864907 PDOP: _____ Measurement Date: 06/20/2018
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: 07/28/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 08/27/2018

Description of Removal from Service

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

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 Techncian

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