

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:

02/06/2019

Document Number:

401931306

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: 336437 Location Type: Production Facilities
Name: GEIST 'A' UNIT-63N67W Number: 32SWNW
County: WELD
Qtr Qtr: SWNW Section: 32 Township: 3N Range: 67W Meridian: 6
Latitude: 40.185566 Longitude: -104.919244

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.185965 Longitude: -104.918810 PDOP: 2.8 Measurement Date: 11/27/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331856 Location Type: Well Site ☐ No Location ID
Name: GEIST-63N67W Number: 32SEnw
County: WELD
Qtr Qtr: SENW Section: 32 Township: 3N Range: 67W Meridian: 6
Latitude: 40.183726 Longitude: -104.916334

Flowline Start Point Riser

Latitude: 40.183783 Longitude: -104.916137 PDOP: 1.8 Measurement Date: 11/27/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 02/17/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.185977 Longitude: -104.918813 PDOP: 3.0 Measurement Date: 11/27/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331851 Location Type: _____ Well Site ☐ No Location ID
Name: GEIST MULTI WELL PAD Number: 0-2-32
County: WELD
Qtr Qtr: NWNW Section: 32 Township: 3N Range: 67W Meridian: 6
Latitude: 40.186560 Longitude: -104.919680

Flowline Start Point Riser

Latitude: 40.186800 Longitude: -104.919849 PDOP: 1.1 Measurement Date: 11/27/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 02/11/2009
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: 02/06/2019 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