

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:

11/30/2018

Document Number:

401856127

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: 322848 Location Type: Production Facilities
Name: ANDERSON TRUST C UNIT PAD Number: 2
County: WELD
Qtr Qtr: NENW Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.099570 Longitude: -105.031650

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455406 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.099815 Longitude: -105.031862 PDOP: Measurement Date: 11/07/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336463 Location Type: Well Site [] No Location ID
Name: RAY NELSON MULTI-WELL PAD Number: 0-4-32
County: WELD
Qtr Qtr: SWNW Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.097180 Longitude: -105.034420

Flowline Start Point Riser

Latitude: 40.097183 Longitude: -105.034440 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: 08/19/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455470 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.099818 Longitude: -105.031862 PDOP: _____ Measurement Date: 11/07/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336463 Location Type: _____ Well Site No Location ID
Name: RAY NELSON MULTI-WELL PAD Number: 0-4-32
County: WELD
Qtr Qtr: SWNW Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.097180 Longitude: -105.034420

Flowline Start Point Riser

Latitude: 40.097181 Longitude -105.034407 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: 08/29/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455481 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.099816 Longitude: -105.031894 PDOP: _____ Measurement Date: 11/07/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336463 Location Type: _____ Well Site No Location ID
Name: RAY NELSON MULTI-WELL PAD Number: 0-4-32
County: WELD
Qtr Qtr: SWNW Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.097180 Longitude: -105.034420

Flowline Start Point Riser

Latitude: 40.097191 Longitude -105.034394 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: 05/12/2013

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: 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: 2/12/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401856127	Form44 Submitted

Total Attach: 1 Files