

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:

02/08/2019

Document Number:

401933990

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: 336337 Location Type: Production Facilities
Name: RAY NELSON-62N68W Number: 32SWSW
County: WELD
Qtr Qtr: SWSW Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.090469 Longitude: -105.033071

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462466 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.090441 Longitude: -105.032557 PDOP: 1.0 Measurement Date: 11/28/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336364 Location Type: Well Site [] No Location ID
Name: RAY NELSON-62N68W Number: 32NESW
County: WELD
Qtr Qtr: NESW Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.093035 Longitude: -105.029344

Flowline Start Point Riser

Latitude: 40.093081 Longitude: -105.029298 PDOP: 1.8 Measurement Date: 11/28/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 11/28/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462467 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.090441 Longitude: -105.032557 PDOP: 1.0 Measurement Date: 11/21/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336364 Location Type: _____ Well Site No Location ID
Name: RAY NELSON-62N68W Number: 32NESW
County: WELD
Qtr Qtr: NESW Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.093035 Longitude: -105.029344

Flowline Start Point Riser

Latitude: 40.093032 Longitude -105.029338 PDOP: _____ Measurement Date: 11/28/2018
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: 11/30/2008
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: 02/08/2019 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: 2/25/2019

Attachment Check List

Att Doc Num **Name**

401933990	Form44 Submitted
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Total Attach: 1 Files