

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

03/04/2019

Document Number:

401959561

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: 455481 Flowline Type: Wellhead Line Action Type: Abandonment

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: Carbon Steel Max Outer Diameter:(Inches) 3.000  
 Bedding Material: \_\_\_\_\_ Date Construction Completed: 05/12/2013  
 Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
 Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**Date: 01/14/2019**Description of Abandonment**

Flowline was disconnected from wellhead and from separator. Flowline from separator to the north was abandoned in place beneath Anadarko gas lines, the other portion of the flowline to the well was removed from the ground. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

**FLOWLINE FACILITY INFORMATION**Flowline Facility ID: 455470 Flowline Type: Wellhead Line Action Type: Abandonment**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: Carbon Steel Max Outer Diameter:(Inches) 3.000  
 Bedding Material: \_\_\_\_\_ Date Construction Completed: 08/29/2011  
 Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
 Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**Date: 01/14/2019**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 from separator to the north was abandoned in place beneath Anadarko gas lines. The other portion of the flowline to the well was removed from the ground. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

**FLOWLINE FACILITY INFORMATION**Flowline Facility ID: 455406 Flowline Type: Wellhead Line Action Type: Abandonment

**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: Carbon Steel Max Outer Diameter:(Inches) 3.000

Bedding Material: Date Construction Completed: 08/19/2011

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 01/14/2019

**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 from separator to the north was abandoned in place beneath Anadarko gas lines, the other portion of the flowline to the well was removed from the ground. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

[Empty text box for operator comments]

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Date: 03/04/2019 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

Total Attach: 0 Files