

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:

03/04/2019

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## 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: Well Site  
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: 462695 Flowline Type: Wellhead Line Action Type: Abandonment

**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: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 02/04/2019

**Description of Abandonment**

Flowline was disconnected from separator and wellhead. Flowline was flushed with 25bbls fresh water prior to plugging. Line was verified free of hydro carbons with LEL monitor. Line was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 462694 Flowline Type: Wellhead Line Action Type: Abandonment

**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: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 02/04/2019

**Description of Abandonment**

Flowline was disconnected from separator and wellhead. Flowline was flushed with 25bbls fresh water prior to plugging. Flowline was verified free of hydro carbons with LEL monitor. Line was cut below ground level. Line was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

**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: 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**

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Total Attach: 0 Files