

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:

03/04/2019

Document Number:

401959792

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: 459289 Location Type: Well Site
Name: Grenemeyer-Wagner Number: 1
County: WELD
Qtr Qtr: SWNE Section: 34 Township: 1N Range: 67W Meridian: 6
Latitude: 40.007916 Longitude: -104.875607

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460238 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.007920 Longitude: -104.875607 PDOP: Measurement Date: 08/07/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335770 Location Type: Well Site [ ] No Location ID
Name: WAGNER-61N67W Number: 34SENW
County: WELD
Qtr Qtr: SENW Section: 34 Township: 1N Range: 67W Meridian: 6
Latitude: 40.009149 Longitude: -104.878701

Flowline Start Point Riser

Latitude: 40.009125 Longitude: -104.879160 PDOP: Measurement Date: 08/07/2018
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: 06/12/2001  
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 cut below ground level. Line was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 460237 Flowline Type: Wellhead Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.007918 Longitude: -104.875607 PDOP: \_\_\_\_\_ Measurement Date: 07/28/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 317485 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: GRENEMEYER-WAGNER-61N67W Number: 34SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 34 Township: 1N Range: 67W Meridian: 6  
Latitude: 40.008289 Longitude: -104.875342

**Flowline Start Point Riser**

Latitude: 40.008366 Longitude -104.875175 PDOP: \_\_\_\_\_ Measurement Date: 08/07/2018  
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: 02/13/1971  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 02/04/2019

**Description of Abandonment**

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water prior to plugging. Line was verified free of hydro carbons with LEL monitor. Line was completely removed.

**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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files