

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

03/07/2019

Document Number:

401964542

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: 318839 Location Type: Production Facilities
Name: IONE Number: 4-6-8
County: WELD
Qtr Qtr: NESE Section: 8 Township: 2N Range: 66W Meridian: 6
Latitude: 40.149530 Longitude: -104.795180

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458053 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.149188 Longitude: -104.795969 PDOP: Measurement Date: 06/13/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331736 Location Type: Well Site [] No Location ID
Name: MASON-62N66W Number: 8NESE
County: WELD
Qtr Qtr: NESE Section: 8 Township: 2N Range: 66W Meridian: 6
Latitude: 40.151187 Longitude: -104.793300

Flowline Start Point Riser

Latitude: 40.151258 Longitude: -104.793404 PDOP: Measurement Date: 06/13/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 01/05/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/13/2018

Description of Abandonment

Flowline was disconnected wellhead and separator and removed from ground. Flowline was flushed with water and then compressed air prior to removal. Flowline was completely removed from ground.

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: 03/07/2019 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

Att Doc Num	Name

Total Attach: 0 Files