

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:

03/07/2019

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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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 460741 Location Type: Gathering Line
Name: Boulder Bank Sales Line Meter House Number:
County: WELD
Qtr Qtr: SWSE Section: 7 Township: 1N Range: 66W Meridian: 6
Latitude: 40.061688 Longitude: -104.818403

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461021 Flowline Type: Production Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.061727 Longitude: -104.818399 PDOP: Measurement Date: 10/26/2018
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 311276 Location Type: Production Facilities [] No Location ID
Name: BOULDER BANK-61N66W Number: 7SESW
County: WELD
Qtr Qtr: SESW Section: 7 Township: 1N Range: 66W Meridian: 6
Latitude: 40.061038 Longitude: -104.823440

Flowline Start Point Riser

Latitude: 40.061322 Longitude: -104.823543 PDOP: Measurement Date: 10/26/2018
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 02/20/1997
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 12/28/2018

Description of Removal from Service

Production Flowline was disconnected from the separator and meter house. Flowline was flushed with 25bbls fresh water prior to plugging. Line was verified free of hydro carbons with LEL monitor. Flowline was taken below ground and plugged on both ends with 120lbs of slurry per state NTO.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462828 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.061716 Longitude: -104.818401 PDOP: _____ Measurement Date: 10/26/2018
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 336420 Location Type: Production Facilities No Location ID
Name: BOULDER BANK-61N66W Number: 7NESE
County: WELD
Qtr Qtr: NESE Section: 7 Township: 1N Range: 66W Meridian: 6
Latitude: 40.062588 Longitude: -104.814760

Flowline Start Point Riser

Latitude: 40.062515 Longitude: -104.815309 PDOP: _____ Measurement Date: 10/28/2018
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 08/10/1990
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 12/28/2018

Description of Abandonment

Flowline was disconnected from the separator and meter house. Flowline was flushed with 25bbls fresh water prior to plugging. Line was verified free of hydro carbons with LEL monitor. Flowline was taken below ground and plugged on both ends with 120lbs of slurry per state NTO.

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

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