

State of Colorado Oil and Gas Conservation Commission

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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**

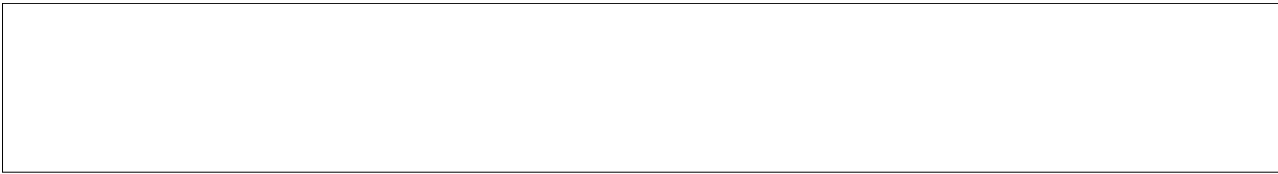
Date: 12/28/2018

**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: 3/8/2019

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401964694	Form44 Submitted

Total Attach: 1 Files