

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:

03/22/2019

Document Number:

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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: 322691 Location Type: Production Facilities  
Name: ANDERSON TRUST C 62N68W Number: 32NENE  
County: WELD  
Qtr Qtr: NENE Section: 32 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.099550 Longitude: -105.021460

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463516 Flowline Type: Wellhead Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.099732 Longitude: -105.021748 PDOP: 5.8 Measurement Date: 03/08/2019  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 336429 Location Type: Well Site ☐ No Location ID  
Name: ANDERSON TRUST-62N68W Number: 32NWNE  
County: WELD  
Qtr Qtr: NWNE Section: 32 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.100507 Longitude: -105.024577

## Flowline Start Point Riser

Latitude: 40.100770 Longitude: -105.024522 PDOP: 1.9 Measurement Date: 03/08/2019  
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: 03/18/1996  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**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: 03/22/2019 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: 3/22/2019

**Attachment Check List****Att Doc Num****Name**

401982572

Form44 Submitted

Total Attach: 1 Files