

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:

03/27/2019

Document Number:

401987243

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: 327394 Location Type: Production Facilities
Name: BANGERT-62N66W Number: 19SWSE
County: WELD
Qtr Qtr: SWSE Section: 19 Township: 2N Range: 66W Meridian: 6
Latitude: 40.119267 Longitude: -104.816341

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462370 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.119267 Longitude: -104.815881 PDOP: Measurement Date: 08/03/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327394 Location Type: Well Site [] No Location ID
Name: BANGERT-62N66W Number: 19SWSE
County: WELD
Qtr Qtr: SWSE Section: 19 Township: 2N Range: 66W Meridian: 6
Latitude: 40.119267 Longitude: -104.816341

Flowline Start Point Riser

Latitude: 40.119057 Longitude: -104.816200 PDOP: Measurement Date: 07/26/2018
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 05/10/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 12/27/2019

Description of Removal from Service

Pipe was disconnected from separator and wellhead. Flowline was flushed with 25bbls fresh water prior to removal. Line was completely removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457419 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.119295 Longitude: -104.815865 PDOP: _____ Measurement Date: 08/03/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336465 Location Type: _____ Well Site No Location ID
Name: PARKER-62N66W Number: 19NWSE
County: WELD
Qtr Qtr: NWSE Section: 19 Township: 2N Range: 66W Meridian: 6
Latitude: 40.122050 Longitude: -104.817370

Flowline Start Point Riser

Latitude: 40.121909 Longitude -104.817661 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: 05/22/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 12/27/2018

Description of Removal from Service

Pipe was disconnected from wellhead and separator. 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 and capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.119297 Longitude: -104.815866 PDOP: 4.2 Measurement Date: 01/08/2019
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 311420 Location Type: Well Site No Location ID
 Name: BANGERT-62N66W Number: 19NESE
 County: WELD
 Qtr Qtr: NESE Section: 19 Township: 2N Range: 66W Meridian: 6
 Latitude: 40.121447 Longitude: -104.813171

Flowline Start Point Riser

Latitude: 40.121292 Longitude -104.812996 PDOP: 3.2 Measurement Date: 01/08/2019
 :
 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: 02/16/1999
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457418 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.119295 Longitude: -104.815865 PDOP: _____ Measurement Date: 08/07/2018
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333198 Location Type: Well Site No Location ID
 Name: PARKER-62N66W Number: 19NWSE
 County: WELD
 Qtr Qtr: NWSE Section: 19 Township: 2N Range: 66W Meridian: 6
 Latitude: 40.122050 Longitude: -104.817370

Flowline Start Point Riser

Latitude: 40.122206 Longitude -104.817055 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: 03/09/2000
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 12/27/2018

Description of Removal from Service

Pipe was disconnected from wellhead and separator. 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 and capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.119273 Longitude: -104.815884 PDOP: 1.1 Measurement Date: 01/08/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333125 Location Type: _____ Well Site No Location ID
Name: PARKER-62N66W Number: 19SWSE
County: WELD
Qtr Qtr: SWSE Section: 19 Township: 2N Range: 66W Meridian: 6
Latitude: 40.118580 Longitude: -104.817620

Flowline Start Point Riser

Latitude: 40.118223 Longitude -104.817683 PDOP: 1.1 Measurement Date: 01/08/2019
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: 06/06/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.119297 Longitude: -104.815871 PDOP: 2.5 Measurement Date: 01/08/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336482 Location Type: _____ Well Site No Location ID
Name: NEFF-62N66W Number: 19SESE
County: WELD
Qtr Qtr: SESE Section: 19 Township: 2N Range: 66W Meridian: 6
Latitude: 40.118180 Longitude: -104.813040

Flowline Start Point Riser

Latitude: 40.118431 Longitude -104.812988 PDOP: 2.5 Measurement Date: 01/08/2019

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: 02/17/2001

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Flowline Facility IDs 457418, 457419, 462370 Flowlines previously filed for abandonment on document numbers; 401902155 & 401958973
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 03/27/2019 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>

Total Attach: 0 Files