

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:

03/28/2019

Document Number:

401988089

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: 319613 Location Type: Production Facilities
Name: REGNIER FARMS B UNIT-62N68W Number: 19NENE
County: WELD
Qtr Qtr: NENE Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.128486 Longitude: -105.040358

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463615 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.128453 Longitude: -105.040234 PDOP: 3.5 Measurement Date: 03/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306439 Location Type: Production Facilities No Location ID
Name: REGNIER FARMS-62N68W Number: 19NWNE
County: WELD
Qtr Qtr: NWNE Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.129260 Longitude: -105.044480

Flowline Start Point Riser

Latitude: 40.129252 Longitude: -105.044468 PDOP: 3.2 Measurement Date: 03/25/2019
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: 07/26/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463616 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.128436 Longitude: -105.040236 PDOP: 6.8 Measurement Date: 03/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305839 Location Type: _____ Well Site No Location ID
Name: REGNIER FARMS-62N68W Number: 19SWNE
County: WELD
Qtr Qtr: SWNE Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.126270 Longitude: -105.043800

Flowline Start Point Riser

Latitude: 40.126246 Longitude -105.043825 PDOP: 0.9 Measurement Date: 03/25/2019
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: 02/09/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463617 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.128436 Longitude: -105.040231 PDOP: 6.8 Measurement Date: 03/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332133 Location Type: _____ Well Site No Location ID
Name: REGNIER FARMS-62N68W Number: 19SENE
County: WELD
Qtr Qtr: SENE Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.126066 Longitude: -105.039188

Flowline Start Point Riser

Latitude: 40.126321 Longitude -105.039081 PDOP: 2.7 Measurement Date: 03/25/2019

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: 02/11/2004

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: 03/28/2019 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: 3/28/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401988089	Form44 Submitted

Total Attach: 1 Files