

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:

401986917

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: 323195 Location Type: Well Site
Name: ANNIS-62N65W Number: 24NWSE
County: WELD
Qtr Qtr: NWSE Section: 24 Township: 2N Range: 65W Meridian: 6
Latitude: 40.121208 Longitude: -104.608494

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463667 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.120972 Longitude: -104.608378 PDOP: 0.9 Measurement Date: 02/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331902 Location Type: Well Site No Location ID
Name: ANNIS-62N65W Number: 24SWSE
County: WELD
Qtr Qtr: SWSE Section: 24 Township: 2N Range: 65W Meridian: 6
Latitude: 40.118058 Longitude: -104.609744

Flowline Start Point Riser

Latitude: 40.118095 Longitude: -104.609632 PDOP: 3.8 Measurement Date: 02/05/2019
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: 08/25/2003
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463668 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.120972 Longitude: -104.608378 PDOP: 0.9 Measurement Date: 02/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302276 Location Type: _____ Well Site No Location ID
Name: ANNIS SESE PAD Number: 44-24
County: WELD
Qtr Qtr: SESE Section: 24 Township: 2N Range: 65W Meridian: 6
Latitude: 40.118090 Longitude: -104.605200

Flowline Start Point Riser

Latitude: 40.118076 Longitude -104.605190 PDOP: 1.6 Measurement Date: 02/05/2019
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: 03/21/2010
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: 03/27/2019 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: 4/1/2019

Attachment Check List

Att Doc Num **Name**

401986917	Form44 Submitted
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Total Attach: 1 Files