

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:

04/12/2019

Document Number:

402006300

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: 322909 Location Type: Production Facilities
Name: ROSS F UNIT-62N68W Number: 19NWNW
County: WELD
Qtr Qtr: NWNW Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.128406 Longitude: -105.051838

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463599 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.128374 Longitude: -105.052094 PDOP: 1.7 Measurement Date: 02/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332050 Location Type: Well Site ☐ No Location ID
Name: ROSS-62N68W Number: 19SENW
County: WELD
Qtr Qtr: SENW Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.125990 Longitude: -105.048460

Flowline Start Point Riser

Latitude: 40.126002 Longitude: -105.048473 PDOP: 4.5 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: 02/16/2017
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 04/02/2019

Description of Abandonment

Flowline was disconnected from wellhead and from separator. Both ends plugged below ground. Flowline was flushed with 25bbls fresh water prior to plugging. Flowline was verified free of hydro carbons with LEL monitor. Flowline was cut below ground level. Flowline was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends. Flowline was abandoned in place.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463390 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.128377 Longitude: -105.052084 PDOP: 1.5 Measurement Date: 02/14/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331937 Location Type: Well Site ☐ No Location ID

Name: ROSS-62N68W

Number: 19NENW

County: WELD

Qtr Qtr: NENW Section: 19 Township: 2N Range: 68W Meridian: 6

Latitude: 40.129286 Longitude: -105.047748

Flowline Start Point Riser

Latitude: 40.129392 Longitude: -105.047755 PDOP: 0.9 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: 09/25/2003
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 04/02/2019

Description of Abandonment

Flowline was disconnected from wellhead and from separator. Both ends plugged below ground. Flowline was flushed with 25bbls fresh water prior to plugging. Flowline was verified free of hydro carbons with LEL monitor. Flowline was cut below ground level. Flowline was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends. Flowline was abandoned in place.

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: 04/12/2019 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: 4/12/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402006300	Form44 Submitted

Total Attach: 1 Files