

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date: 04/22/2019

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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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 327408 Location Type: Production Facilities
Name: BANGERT-62N66W Number: 19NENE
County: WELD
Qtr Qtr: NENE Section: 19 Township: 2N Range: 66W Meridian: 6
Latitude: 40.127597 Longitude: -104.814691

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463589 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.127169 Longitude: -104.813348 PDOP: 2.5 Measurement Date: 01/08/2019
Equipment at End Point Riser: Meter

Flowline Start Point Location Identification

Location ID: 327394 Location Type: Production Facilities [] 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: 40.119316 Longitude: -104.815849 PDOP: 3.5 Measurement Date: 01/08/2019
Equipment at Start Point Riser: Meter

Flowline Description and Testing

Type of Fluid Transferred: _____ 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: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 04/05/2019

Description of Abandonment

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 35bbls fresh water prior to plugging. Line was verified free of hydro carbons with LEL monitor. Flowline was cut below ground level. Both ends plugged below ground. Flowline was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463588 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.127089 Longitude: -104.813243 PDOP: 2.0 Measurement Date: 01/02/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327408 Location Type: Well Site No Location ID
Name: BANGERT-62N66W Number: 19NENE
County: WELD
Qtr Qtr: NENE Section: 19 Township: 2N Range: 66W Meridian: 6
Latitude: 40.127597 Longitude: -104.814691

Flowline Start Point Riser

Latitude: 40.127488 Longitude -104.814160 PDOP: 1.3 Measurement Date: 01/02/2019
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: 05/09/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 03/28/2019

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. Line was verified free of hydro carbons with LEL monitor. Flowline was cut and plugged below ground level. Flowline was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

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: 04/22/2019 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: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files