

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:

04/25/2019

Document Number:

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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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 323195 Location Type: Production Facilities
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: Abandonment

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: 02/18/2019
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: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 04/09/2019

Description of Abandonment

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water prior to abandonment. Verified with LEL monitor that line was free of hydrocarbons. Flowline was flushed and both risers removed. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

FLOWLINE FACILITY INFORMATION

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

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: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 04/09/2019

Description of Abandonment

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water prior to abandonment. Verified with LEL monitor that line was free of hydrocarbons. Flowline was flushed and both risers removed. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

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: 04/25/2019 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

Att Doc Num

Name

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Total Attach: 0 Files