

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:

04/26/2019

Document Number:

402023381

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: 332072 Location Type: Production Facilities
Name: LOCHBUIE-61N65W-Facility Number: 31NWNW
County: WELD
Qtr Qtr: NWNW Section: 31 Township: 1N Range: 65W Meridian: 6
Latitude: 40.014448 Longitude: -104.711047

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.014448 Longitude: -104.711047 PDOP: 5.7 Measurement Date: 04/09/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332072 Location Type: Well Site ☐ No Location ID
Name: LOCHBUIE-61N65W Number: 31NENW
County: WELD
Qtr Qtr: NENW Section: 31 Township: 1N Range: 65W Meridian: 6
Latitude: 40.013789 Longitude: -104.709196

Flowline Start Point Riser

Latitude: 40.013757 Longitude: -104.709235 PDOP: 1.7 Measurement Date: 04/09/2019
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: 02/13/2004

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: 04/26/2019 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