

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:

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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: 318567 Location Type: Production Facilities  
Name: POWERS-62N65W Number: 24NWSW  
County: WELD  
Qtr Qtr: NWSW Section: 24 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.121298 Longitude: -104.618134

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.120789 Longitude: -104.617627 PDOP: 1.1 Measurement Date: 04/05/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331879 Location Type: Well Site ☐ No Location ID  
Name: POWERS-62N65W Number: 24SWSW  
County: WELD  
Qtr Qtr: SWSW Section: 24 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.118318 Longitude: -104.619715

**Flowline Start Point Riser**

Latitude: 40.118287 Longitude: -104.619691 PDOP: 3.1 Measurement Date: 04/05/2019  
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
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Bedding Material: Native Materials      Date Construction Completed: 08/16/2003

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

### OPERATOR COMMENTS AND SUBMITTAL

Comments

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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