

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/15/2019

Document Number:

402041285

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: 336380 Location Type: Production Facilities
Name: DONIPHAN-SHIELDS-61N69W Number: 11NENW
County: BOULDER
Qtr Qtr: NENW Section: 11 Township: 1N Range: 69W Meridian: 6
Latitude: 40.069660 Longitude: -105.086690

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464834 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.069369 Longitude: -105.086627 PDOP: 3.5 Measurement Date: 04/23/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321460 Location Type: Well Site [] No Location ID
Name: DONIPHAN SHIELDS-61N69W Number: 11NENW
County: BOULDER
Qtr Qtr: NENW Section: 11 Township: 1N Range: 69W Meridian: 6
Latitude: 40.071597 Longitude: -105.085419

Flowline Start Point Riser

Latitude: 40.071685 Longitude: -105.085517 PDOP: 4.6 Measurement Date: 04/23/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 06/30/2005
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: 05/15/2019 Email: Costin.McQueen@Crestonepr.com

Print Name: Costin McQueen Title: Environmental 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: 6/3/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402041285	Form44 Submitted

Total Attach: 1 Files