

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

05/15/2019

Document Number:

402041232

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: 336164 Location Type: Production Facilities
Name: BAILEY-61N69W Number: 1SESE
County: BOULDER
Qtr Qtr: SESE Section: 1 Township: 1N Range: 69W Meridian: 6
Latitude: 40.075510 Longitude: -105.059220

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.074796 Longitude: -105.059341 PDOP: 2.9 Measurement Date: 04/23/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336164 Location Type: Well Site [] No Location ID
Name: BAILEY-61N69W Number: 1SESE
County: BOULDER
Qtr Qtr: SESE Section: 1 Township: 1N Range: 69W Meridian: 6
Latitude: 40.075510 Longitude: -105.059220

Flowline Start Point Riser

Latitude: 40.075451 Longitude: -105.059392 PDOP: 1.0 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: 10/02/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.074812 Longitude: -105.059279 PDOP: 3.0 Measurement Date: 04/23/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321480 Location Type: _____ Well Site No Location ID
Name: WHEELER 33-1 Number: MUJLTI WELL PAD
County: WELD
Qtr Qtr: NWSE Section: 1 Township: 1N Range: 69W Meridian: 6
Latitude: 40.078470 Longitude: -105.062620

Flowline Start Point Riser

Latitude: 40.078482 Longitude -105.062658 PDOP: 3.6 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: 12/30/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.074798 Longitude: -105.059273 PDOP: 0.9 Measurement Date: 04/23/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321453 Location Type: _____ Well Site No Location ID
Name: BAILEY-61N69W Number: 1NESE
County: BOULDER
Qtr Qtr: NESE Section: 1 Township: 1N Range: 69W Meridian: 6
Latitude: 40.078357 Longitude: -105.058508

Flowline Start Point Riser

Latitude: 40.078267 Longitude -105.058568 PDOP: 1.0 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: 04/05/2004

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: 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: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files