

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:

402041154

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: 446941 Location Type: Production Facilities
Name: BAILEY Number: 31-12
County: BOULDER
Qtr Qtr: NWNE Section: 12 Township: 1N Range: 69W Meridian: 6
Latitude: 40.071152 Longitude: -105.064351

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464838 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.070948 Longitude: -105.064336 PDOP: 0.9 Measurement Date: 04/23/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414720 Location Type: Well Site No Location ID
Name: BAILEY Number: 31-12
County: BOULDER
Qtr Qtr: NWNE Section: 12 Township: 1N Range: 69W Meridian: 6
Latitude: 40.071270 Longitude: -105.062600

Flowline Start Point Riser

Latitude: 40.071270 Longitude: -105.062671 PDOP: 4.8 Measurement Date: 04/22/2019
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: 11/19/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464839 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.070944 Longitude: -105.064337 PDOP: 0.9 Measurement Date: 04/23/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414720 Location Type: _____ Well Site No Location ID
Name: BAILEY Number: 31-12
County: BOULDER
Qtr Qtr: NWNE Section: 12 Township: 1N Range: 69W Meridian: 6
Latitude: 40.071270 Longitude: -105.062600

Flowline Start Point Riser

Latitude: 40.071273 Longitude -105.062632 PDOP: 2.9 Measurement Date: 04/22/2019
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: 05/19/2008
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: 6/4/2019

Attachment Check List

Att Doc Num **Name**

| | |
|-----------|------------------|
| 402041154 | Form44 Submitted |
|-----------|------------------|

Total Attach: 1 Files