

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: 06/21/2019 Document Number: 402081687

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: 317595 Location Type: Production Facilities Name: ECHEVERRIA-62N67W Number: 2SWSW County: WELD Qtr Qtr: SWSW Section: 2 Township: 2N Range: 67W Meridian: 6 Latitude: 40.162577 Longitude: -104.863473

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.162499 Longitude: -104.863310 PDOP: 1.0 Measurement Date: 05/14/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330962 Location Type: Well Site [] No Location ID Name: ECHEVERRIA-62N67W Number: 2NWSW County: WELD Qtr Qtr: NWSW Section: 2 Township: 2N Range: 67W Meridian: 6 Latitude: 40.165677 Longitude: -104.865563

Flowline Start Point Riser

Latitude: 40.165806 Longitude: -104.865400 PDOP: 3.5 Measurement Date: 04/25/2019 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: 02/09/2009
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: 40.162495 Longitude: -104.863310 PDOP: 0.8 Measurement Date: 05/14/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330869 Location Type: _____ Well Site No Location ID
Name: ECHEVERRIA-62N67W Number: 2SWSW
County: WELD
Qtr Qtr: SWSW Section: 2 Township: 2N Range: 67W Meridian: 6
Latitude: 40.160987 Longitude: -104.865603

Flowline Start Point Riser

Latitude: 40.161105 Longitude -104.865490 PDOP: 1.8 Measurement Date: 05/14/2019
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: 10/22/1999
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Echeverria 13-2 Registration 12319943_FL
Echeverria 14-2 Registration 12319800_FL

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 06/21/2019 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

Att Doc Num **Name**

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

Total Attach: 0 Files