

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:

06/21/2019

Document Number:

402081776

## 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: 429489 Location Type: Production Facilities  
Name: ECHEVERRIA 62N67W Number: 2/NENW BATTERY  
County: WELD  
Qtr Qtr: NENW Section: 2 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.170940 Longitude: -104.861760

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465549 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.170894 Longitude: -104.860420 PDOP: 2.8 Measurement Date: 05/14/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 330937 Location Type: Well Site ☐ No Location ID  
Name: ECHEVERRIA-62N67W Number: 2SENW  
County: WELD  
Qtr Qtr: SENW Section: 2 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.168277 Longitude: -104.859572

**Flowline Start Point Riser**

Latitude: 40.168862 Longitude: -104.858900 PDOP: 3.2 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: 03/22/2001  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465550 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.170900 Longitude: -104.860420 PDOP: 2.8 Measurement Date: 05/14/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 330769 Location Type: Well Site ☐ No Location ID  
Name: ECHEVERRIA Number: 0-2-2  
County: WELD  
Qtr Qtr: NENW Section: 2 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.171960 Longitude: -104.860180

**Flowline Start Point Riser**

Latitude: 40.172087 Longitude: -104.860260 PDOP: 0.9 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: 06/03/1998  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465551 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.170917 Longitude: -104.860420 PDOP: 2.9 Measurement Date: 05/14/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 330769 Location Type: Well Site ☐ No Location ID  
Name: ECHEVERRIA Number: 0-2-2  
County: WELD  
Qtr Qtr: NENW Section: 2 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.171960 Longitude: -104.860180

**Flowline Start Point Riser**

Latitude: 40.171962 Longitude -104.860170 PDOP: 0.9 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: 02/15/2013

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

### **FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465552 Flowline Type: Wellhead Line Action Type: Registration

### **OFF LOCATION FLOWLINE REGISTRATION**

#### **Flowline End Point Riser**

Latitude: 40.170923 Longitude: -104.860420 PDOP: 0.9 Measurement Date: 05/14/2019

Equipment at End Point Riser: Separator

#### **Flowline Start Point Location Identification**

Location ID: 330769 Location Type: Well Site ☐ No Location ID

Name: ECHEVERRIA Number: 0-2-2

County: WELD

Qtr Qtr: NENW Section: 2 Township: 2N Range: 67W Meridian: 6

Latitude: 40.171960 Longitude: -104.860180

#### **Flowline Start Point Riser**

Latitude: 40.172003 Longitude -104.860170 PDOP: 0.9 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: 02/15/2013

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

### **OPERATOR COMMENTS AND SUBMITTAL**

Comments

Echeverria 4-2-2 Registration 12330528\_FL  
Echeverria 0-2-2 Registration 12331700\_FL  
Echeverria 21-2 Registration 12319594\_FL  
Echeverria 22-2 Registration 12319902\_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: 6/21/2019

### **Attachment Check List**

**Att Doc Num**

**Name**

402081776

Form44 Submitted

Total Attach: 1 Files