

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/12/2019

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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: 431460 Location Type: Well Site
Name: Billings Number: 22-18 Pad
County: WELD
Qtr Qtr: NWNW Section: 18 Township: 3N Range: 68W Meridian: 6
Latitude: 40.232100 Longitude: -105.053500

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463681 Flowline Type: Peripheral Piping Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.232096 Longitude: -105.053509 PDOP: 1.8 Measurement Date: 03/25/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 434020 Location Type: Production Facilities No Location ID
Name: Billings 18H SWNW Number: Facilities
County: WELD
Qtr Qtr: SWNW Section: 18 Township: 3N Range: 68W Meridian: 6
Latitude: 40.225410 Longitude: -105.053070

Flowline Start Point Riser

Latitude: 40.225464 Longitude: -105.052873 PDOP: 4.2 Measurement Date: 03/25/2019
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: Carbon Steel Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 11/23/2013
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/10/2019

Description of Abandonment

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water prior to plugging. Flowline was verified free of hydro carbons with LEL monitor. Flowline was cut below ground level. Flowline was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

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: 07/12/2019 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

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

Total Attach: 0 Files