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: 322691   Location Type: Production Facilities

Name: ANDERSON TRUST C 62N68W   Number: 32NENE

County: WELD

Qtr Qtr: NENE   Section: 32   Township: 2N   Range: 68W   Meridian: 6

Latitude: 40.099550   Longitude: -105.021460

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466031   Flowline Type: Wellhead Line   Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.099692   Longitude: -105.021735   PDOP: 3.6   Measurement Date: 05/15/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330414   Location Type: Well Site   ☐ No Location ID

Name: ANDERSON TRUST-62N68W   Number: 32SENE

County: WELD

Qtr Qtr: SENE   Section: 32   Township: 2N   Range: 68W   Meridian: 6

Latitude: 40.096707   Longitude: -105.020287

Flowline Start Point Riser

Latitude: 40.096699   Longitude: -105.020308   PDOP: 1.9   Measurement Date: 05/15/2019

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: 11/20/1996

Maximum Anticipated Operating Pressure (PSI): _____   Testing PSI: _____

Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466032   Flowline Type: Wellhead Line   Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.099732   Longitude: -105.021745   PDOP: 4.9   Measurement Date: 05/15/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331661   Location Type: Well Site   ☐ No Location ID

Name: ANDERSON-62N68W   Number: 32NENE

County: WELD

Qtr Qtr: NENE   Section: 32   Township: 2N   Range: 68W   Meridian: 6

Latitude: 40.100997   Longitude: -105.019427

Flowline Start Point Riser

Latitude: 40.100967   Longitude: -105.019448   PDOP: 3.0   Measurement Date: 05/15/2019

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: 04/17/2003

Maximum Anticipated Operating Pressure (PSI): _____   Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments   Anderson Trust 41-32 Flowline Registration 12321079_FL
Anderson Trust 32-8 Flowline Registration 12319089_FL

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____   Date: 07/15/2019   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: 7/16/2019

Attachment Check List

Att Doc Num	Name
402088976	Form44 Submitted
Total Attach: 1 Files	