

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:

07/15/2019

Document Number:

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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: 446484 Location Type: Production Facilities
Name: GRANT Number:
County: WELD
Qtr Qtr: NWNE Section: 26 Township: 2N Range: 68W Meridian: 6
Latitude: 40.116700 Longitude: -104.967740

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.116514 Longitude: -104.968072 PDOP: 2.9 Measurement Date: 05/14/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 311319 Location Type: Well Site No Location ID
Name: GRANT-62N68W Number: 26NWNE
County: WELD
Qtr Qtr: NWNE Section: 26 Township: 2N Range: 68W Meridian: 6
Latitude: 40.115057 Longitude: -104.968145

Flowline Start Point Riser

Latitude: 40.115418 Longitude: -104.967556 PDOP: 2.9 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) 2.000
Bedding Material: _____ Date Construction Completed: 04/18/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457194 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.116513 Longitude: -104.968102 PDOP: _____ Measurement Date: 07/19/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333136 Location Type: _____ Well Site No Location ID
Name: GRANT-62N68W Number: 26SWNE
County: WELD
Qtr Qtr: SWNE Section: 26 Township: 2N Range: 68W Meridian: 6
Latitude: 40.111434 Longitude: -104.968093

Flowline Start Point Riser

Latitude: 40.111392 Longitude -104.968495 PDOP: _____ Measurement Date: 07/19/2018
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: 01/07/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: 12/27/2018

Description of Removal from Service

Pipe was disconnected from wellhead and separator. 450' of flowline was removed from the wellhead to the west, then abandoned the remaining 1800' to the separator end in place. Both ends plugged below ground. Flowline was flushed with 25bbls fresh water prior to plugging. Line was verified free of hydro carbons with LEL monitor. Line was cut below ground level and capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457193 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.116513 Longitude: -104.968102 PDOP: _____ Measurement Date: 07/19/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Flowline ID: 457193 Grant Bros 2-26 Flowline Previously Abandoned
Flowline ID: 457194 Grant Bros 32-26 Flowline Previously Abandoned

Grant Bros 42-26 Flowline Registration 12322010_FL
Grant Bros 31-26 Flowline Registration 12321591_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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files