

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:

07/13/2019

Document Number:

402082282

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: 432437 Location Type: Production Facilities
Name: Billings Number: 34H-B268
County: WELD
Qtr Qtr: NWNE Section: 34 Township: 2N Range: 68W Meridian: 6
Latitude: 40.101620 Longitude: -104.985580

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.101559 Longitude: -104.984719 PDOP: 2.5 Measurement Date: 05/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 432437 Location Type: Well Site [ ] No Location ID
Name: Billings Number: 34H-B268
County: WELD
Qtr Qtr: NWNE Section: 34 Township: 2N Range: 68W Meridian: 6
Latitude: 40.101620 Longitude: -104.985580

Flowline Start Point Riser

Latitude: 40.101584 Longitude: -104.985509 PDOP: 4.2 Measurement Date: 05/01/2019
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: 02/22/2014  
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: 40.101729 Longitude: -104.984723 PDOP: 5.6 Measurement Date: 05/01/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 432437 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: Billings Number: 34H-B268  
County: WELD  
Qtr Qtr: NWNE Section: 34 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.101620 Longitude: -104.985580

**Flowline Start Point Riser**

Latitude: 40.101588 Longitude -104.985612 PDOP: 4.0 Measurement Date: 05/01/2019  
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: 02/22/2014  
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: 40.101790 Longitude: -104.984725 PDOP: 5.9 Measurement Date: 05/01/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 432437 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: Billings Number: 34H-B268  
County: WELD  
Qtr Qtr: NWNE Section: 34 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.101620 Longitude: -104.985580

**Flowline Start Point Riser**

Latitude: 40.101585 Longitude -104.985643 PDOP: 2.6 Measurement Date: 05/01/2019

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: 02/22/2014

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: 40.101673 Longitude: -104.984725 PDOP: 5.6 Measurement Date: 04/26/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 432437 Location Type: Well Site  No Location ID

Name: Billings Number: 34H-B268

County: WELD

Qtr Qtr: NWNE Section: 34 Township: 2N Range: 68W Meridian: 6

Latitude: 40.101620 Longitude: -104.985580

**Flowline Start Point Riser**

Latitude: 40.101591 Longitude -104.985575 PDOP: 3.4 Measurement Date: 05/01/2019

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: 02/22/2014

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: 40.101503 Longitude: -104.984725 PDOP: 3.0 Measurement Date: 05/01/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 432437 Location Type: Well Site  No Location ID

Name: Billings Number: 34H-B268

County: WELD

Qtr Qtr: NWNE Section: 34 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.101620 Longitude: -104.985580

**Flowline Start Point Riser**

Latitude: 40.101590 Longitude -104.985470 PDOP: 3.5 Measurement Date: 05/01/2019  
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: 02/22/2014  
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: 40.101616 Longitude: -104.984727 PDOP: 2.8 Measurement Date: 05/01/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 432437 Location Type: Well Site  No Location ID  
Name: Billings Number: 34H-B268  
County: WELD  
Qtr Qtr: NWNE Section: 34 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.101620 Longitude: -104.985580

**Flowline Start Point Riser**

Latitude: 40.101589 Longitude -104.985538 PDOP: 4.7 Measurement Date: 05/01/2019  
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: 02/22/2014  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

Billings 1A-34H. Registration. 12337106_FL. Billings 1B-34H. Registration. 12337107_FL. Billings 1C-34H. Registration. 12337110_FL. Billings 1D-34H. Registration. 12337105_FL. Billings 1E-34H. Registration. 12337109_FL. Billings 1F-34H. Registration. 12337108_FL.
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 07/13/2019 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**

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

Total Attach: 0 Files