

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:

07/13/2019

Document Number:

402082204

## 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: 321319 Location Type: Production Facilities  
Name: HARSCH-62N69W Number: 27SESE  
County: BOULDER  
Qtr Qtr: SESE Section: 27 Township: 2N Range: 69W Meridian: 6  
Latitude: 40.105526 Longitude: -105.096769

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466080 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.105798 Longitude: -105.096866 PDOP: 4.5 Measurement Date: 04/26/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 321478 Location Type: Well Site ☐ No Location ID  
Name: HARSCH-62N69W Number: 27SWSE  
County: BOULDER  
Qtr Qtr: SWSE Section: 27 Township: 2N Range: 69W Meridian: 6  
Latitude: 40.104226 Longitude: -105.100467

**Flowline Start Point Riser**

Latitude: 40.104212 Longitude: -105.100467 PDOP: 5.9 Measurement Date: 04/26/2019  
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: 03/10/2008  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 466081 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.105800 Longitude: -105.096878 PDOP: 4.8 Measurement Date: 04/26/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 321466 Location Type: Well Site ☐ No Location ID  
Name: HARSCH-62N69W Number: 27NWSE  
County: BOULDER  
Qtr Qtr: NWSE Section: 27 Township: 2N Range: 69W Meridian: 6  
Latitude: 40.108161 Longitude: -105.101121

**Flowline Start Point Riser**

Latitude: 40.108153 Longitude: -105.101105 PDOP: 3.6 Measurement Date: 04/26/2019  
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: 08/03/2006  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments Harsch 34-27. Registration. 01306545\_FL.  
Harsch 33-27. Registration. 01306521\_FL.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
Signed: \_\_\_\_\_ Date: 07/13/2019 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: 7/16/2019

**Attachment Check List**

**Att Doc Num**

**Name**

402082204

Form44 Submitted

Total Attach: 1 Files