

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:
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
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Total Attach: 1 Files