

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:

07/17/2019

Document Number:

402090017

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: 336137 Location Type: Production Facilities
Name: KAWAKAMI FACILITY 63N67W Number: 35NWNE
County: WELD
Qtr Qtr: NWNE Section: 35 Township: 3N Range: 67W Meridian: 6
Latitude: 40.188674 Longitude: -104.856998

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.188725 Longitude: -104.856878 PDOP: 4.7 Measurement Date: 05/30/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336343 Location Type: Well Site [ ] No Location ID
Name: KAWAKAMI 63N67W 35NWNE Number: MULTI WELL PAD
County: WELD
Qtr Qtr: NWNE Section: 35 Township: 3N Range: 67W Meridian: 6
Latitude: 40.187720 Longitude: -104.855720

Flowline Start Point Riser

Latitude: 40.187850 Longitude: -104.855742 PDOP: 1.1 Measurement Date: 05/30/2019
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: 04/07/2013  
 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: 40.188724 Longitude: -104.856879 PDOP: 4.7 Measurement Date: 05/30/2019  
 Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336343 Location Type: \_\_\_\_\_ Well Site  No Location ID  
 Name: KAWAKAMI 63N67W 35NWNE Number: MULTI WELL PAD  
 County: WELD  
 Qtr Qtr: NWNE Section: 35 Township: 3N Range: 67W Meridian: 6  
 Latitude: 40.187720 Longitude: -104.855720

**Flowline Start Point Riser**

Latitude: 40.187599 Longitude -104.855723 PDOP: 0.9 Measurement Date: 05/30/2019  
 :  
 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: 03/14/2009  
 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: 40.188721 Longitude: -104.856882 PDOP: 4.7 Measurement Date: 05/30/2019  
 Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336137 Location Type: \_\_\_\_\_ Well Site  No Location ID  
 Name: KAWAKAMI-63N67W Number: 35NENE  
 County: WELD  
 Qtr Qtr: NENE Section: 35 Township: 3N Range: 67W Meridian: 6  
 Latitude: 40.187700 Longitude: -104.850550

**Flowline Start Point Riser**

Latitude: 40.187789 Longitude -104.850570 PDOP: 1.1 Measurement Date: 05/30/2019

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: 02/02/2007

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: 40.188722 Longitude: -104.856881 PDOP: 4.7 Measurement Date: 05/30/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336343 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: KAWAKAMI 63N67W 35NWNE Number: MULTI WELL PAD

County: WELD

Qtr Qtr: NWNE Section: 35 Township: 3N Range: 67W Meridian: 6

Latitude: 40.187720 Longitude: -104.855720

**Flowline Start Point Riser**

Latitude: 40.187718 Longitude -104.855735 PDOP: 3.3 Measurement Date: 05/30/2019

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: 04/29/1998

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

Kawakami 6-0-35 Flowline Registration 12327382\_FL  
Kawakami 31-35 Flowline Registration 12319550\_FL  
Kawakami 4-2-35 Flowline Registration 12329140\_FL  
Kawakami 4-0-35 Flowline Registration 12334696\_FL

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 07/17/2019 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**

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

--	--

Total Attach: 0 Files