

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:

08/01/2019

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) 7744017
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: 332679 Location Type: Production Facilities
Name: BRANCH-64N65W Number: 23SWSW
County: WELD
Qtr Qtr: SWSW Section: 23 Township: 4N Range: 65W Meridian: 6
Latitude: 40.293266 Longitude: -104.635668

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.293038 Longitude: -104.636139 PDOP: 3.1 Measurement Date: 06/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332102 Location Type: Well Site [] No Location ID
Name: BRANCH-64N65W Number: 23SWSW
County: WELD
Qtr Qtr: SWSW Section: 23 Township: 4N Range: 65W Meridian: 6
Latitude: 40.292266 Longitude: -104.637557

Flowline Start Point Riser

Latitude: 40.292378 Longitude: -104.637609 PDOP: 3.3 Measurement Date: 06/05/2019
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: 01/12/2004
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: 40.293046 Longitude: -104.636141 PDOP: 1.9 Measurement Date: 06/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332101 Location Type: _____ Well Site No Location ID
Name: BRANCH-64N65W Number: 23NWSW
County: WELD
Qtr Qtr: NWSW Section: 23 Township: 4N Range: 65W Meridian: 6
Latitude: 40.295896 Longitude: -104.638217

Flowline Start Point Riser

Latitude: 40.296023 Longitude -104.638229 PDOP: 3.9 Measurement Date: 06/05/2019
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: 01/18/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Branch 13-23. Registration. 12321835_FL.
Branch 14-23. Registration. 12321836_FL.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 08/01/2019 Email: costin.mcqueen@crestonepr.com
Print Name: Costin McQueen Title: Contractor

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**

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

Total Attach: 0 Files