

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:

402130186

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 No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317900 Location Type: Production Facilities
Name: KERBS-62N65W Number: 32NENE
County: WELD
Qtr Qtr: NENE Section: 32 Township: 2N Range: 65W Meridian: 6
Latitude: 40.098698 Longitude: -104.682946

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466401 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.098564 Longitude: -104.682503 PDOP: 5.6 Measurement Date: 06/19/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331785 Location Type: Well Site No Location ID
Name: BERGSTROM-62N65W Number: 32SENE
County: WELD
Qtr Qtr: SENE Section: 32 Township: 2N Range: 65W Meridian: 6
Latitude: 40.096778 Longitude: -104.680746

Flowline Start Point Riser

Latitude: 40.096769 Longitude: -104.680627 PDOP: 4.4 Measurement Date: 06/19/2019
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: 05/05/2003
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466402 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.098561 Longitude: -104.682513 PDOP: 5.6 Measurement Date: 06/19/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317900 Location Type: _____ Well Site No Location ID
Name: KERBS-62N65W Number: 32NENE
County: WELD
Qtr Qtr: NENE Section: 32 Township: 2N Range: 65W Meridian: 6
Latitude: 40.098698 Longitude: -104.682946

Flowline Start Point Riser

Latitude: 40.098578 Longitude -104.682882 PDOP: 4.8 Measurement Date: 06/19/2019
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: 11/19/1974
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Bergstrom 42-32. Registration. 12321302_FL.
Kerbs 1. Registration. 12307932_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: 8/1/2019

Attachment Check List

Att Doc Num **Name**

402130186	Form44 Submitted
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Total Attach: 1 Files