

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: 402130160

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: 406050 Location Type: Production Facilities Name: FRANCIS G ARENS-64N65W Number: 15SWSE County: WELD Qtr Qtr: SWSE Section: 15 Township: 4N Range: 65W Meridian: 6 Latitude: 40.306896 Longitude: -104.646977

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.307430 Longitude: -104.647955 PDOP: 2.3 Measurement Date: 06/05/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332680 Location Type: Well Site [ ] No Location ID Name: FRANCES ARENS-64N65W Number: 15SWSE County: WELD Qtr Qtr: SWSE Section: 15 Township: 4N Range: 65W Meridian: 6 Latitude: 40.306696 Longitude: -104.646999

Flowline Start Point Riser

Latitude: 40.306689 Longitude: -104.647025 PDOP: 2.7 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: 02/19/2007  
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: 40.307464 Longitude: -104.647834 PDOP: 2.2 Measurement Date: 06/05/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 328095 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: ARENS-64N65W Number: 15NWSE  
County: WELD  
Qtr Qtr: NWSE Section: 15 Township: 4N Range: 65W Meridian: 6  
Latitude: 40.311036 Longitude: -104.646777

**Flowline Start Point Riser**

Latitude: 40.311031 Longitude -104.646971 PDOP: 2.3 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: 03/06/1992  
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: 40.307465 Longitude: -104.647819 PDOP: 2.7 Measurement Date: 06/05/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332680 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: FRANCES ARENS-64N65W Number: 15SWSE  
County: WELD  
Qtr Qtr: SWSE Section: 15 Township: 4N Range: 65W Meridian: 6  
Latitude: 40.306696 Longitude: -104.646999

**Flowline Start Point Riser**

Latitude: 40.306769 Longitude -104.647019 PDOP: 4.2 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: 02/21/2005

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: 40.307465 Longitude: -104.647824 PDOP: 4.6 Measurement Date: 06/05/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332680 Location Type: Well Site  No Location ID

Name: FRANCES ARENS-64N65W Number: 15SWSE

County: WELD

Qtr Qtr: SWSE Section: 15 Township: 4N Range: 65W Meridian: 6

Latitude: 40.306696 Longitude: -104.646999

**Flowline Start Point Riser**

Latitude: 40.306677 Longitude -104.646800 PDOP: 3.2 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: 03/30/2011

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

Arens 33-15. Registration. 12315539\_FL.  
Francis Arens 34-15. Registration. 12322012\_FL.  
Francis Arens 4-6-15. Registration. 12324250\_FL.  
Francis Arens 5-6-15. Registration. 12322635\_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**

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

Total Attach: 0 Files