

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

08/02/2019

Document Number:

402131874

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: 413189 Location Type: Production Facilities
Name: RAY NELSON Number: 44-32
County: WELD
Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089930 Longitude: -105.023710

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466471 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.090209 Longitude: -105.023875 PDOP: 5.6 Measurement Date: 06/20/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413189 Location Type: Well Site ☐ No Location ID
Name: RAY NELSON Number: 44-32
County: WELD
Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089930 Longitude: -105.023710

Flowline Start Point Riser

Latitude: 40.089894 Longitude: -105.023674 PDOP: 5.8 Measurement Date: 06/20/2019
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: 03/22/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466472 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.090154 Longitude: -105.023852 PDOP: 3.6 Measurement Date: 06/20/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413189 Location Type: Well Site ☐ No Location ID
Name: RAY NELSON Number: 44-32
County: WELD
Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089930 Longitude: -105.023710

Flowline Start Point Riser

Latitude: 40.089956 Longitude: -105.023743 PDOP: 3.0 Measurement Date: 06/20/2019
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: 05/29/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466473 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.090168 Longitude: -105.023833 PDOP: 3.6 Measurement Date: 06/20/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413189 Location Type: Well Site ☐ No Location ID
Name: RAY NELSON Number: 44-32
County: WELD
Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089930 Longitude: -105.023710

Flowline Start Point Riser

Latitude: 40.089914 Longitude -105.023695 PDOP: 5.8 Measurement Date: 06/20/2019

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: 05/31/2010

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466474 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.090185 Longitude: -105.023862 PDOP: 3.0 Measurement Date: 06/20/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413189 Location Type: Well Site ☐ No Location ID

Name: RAY NELSON Number: 44-32

County: WELD

Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6

Latitude: 40.089930 Longitude: -105.023710

Flowline Start Point Riser

Latitude: 40.089874 Longitude -105.023648 PDOP: 5.8 Measurement Date: 06/20/2019

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: 05/29/2010

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466475 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.090152 Longitude: -105.023850 PDOP: 3.6 Measurement Date: 06/20/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413189 Location Type: Well Site ☐ No Location ID

Name: RAY NELSON Number: 44-32

County: WELD

Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089930 Longitude: -105.023710

Flowline Start Point Riser

Latitude: 40.089935 Longitude -105.023723 PDOP: 3.0 Measurement Date: 06/06/2019

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: 05/30/2010

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Brown 41-5. Registration. 12330609_FL
Ray Nelson 33-32. Registration. 12330607_FL
Ray Nelson 34-32. Registration. 12330611_FL
Ray Nelson 44-32. Registration. 12330610_FL
Ray Nelson 8-8-32. Registration. 12330728_FL

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

Signed: _____ Date: 08/02/2019 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: 8/7/2019

Attachment Check List

Att Doc Num

Name

402131874	Form44 Submitted
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Total Attach: 1 Files