

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

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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 ☒ No ☐

**OFF LOCATION FLOWLINE****FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 336477 Location Type: Production Facilities  
Name: DIER-62N67W Number: 8NWSW  
County: WELD  
Qtr Qtr: SWSW Section: 8 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.149717 Longitude: -104.921124

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.149755 Longitude: -104.920384 PDOP: 2.9 Measurement Date: 06/06/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336477 Location Type: Well Site ☐ No Location ID  
Name: DIER-62N67W Number: 8NWSW  
County: WELD  
Qtr Qtr: SWSW Section: 8 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.149717 Longitude: -104.921124

**Flowline Start Point Riser**

Latitude: 40.149885 Longitude: -104.920871 PDOP: 3.7 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: 02/13/2002  
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: 40.149743 Longitude: -104.920378 PDOP: 2.9 Measurement Date: 06/06/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336477 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: DIER-62N67W Number: 8NWSW  
County: WELD  
Qtr Qtr: SWSW Section: 8 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.149717 Longitude: -104.921124

**Flowline Start Point Riser**

Latitude: 40.149806 Longitude: -104.920887 PDOP: 3.4 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: 03/01/2002  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

Dier 13-8. Registration. 12320652\_FL  
Dier 14-8. Registration. 12320653\_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: \_\_\_\_\_

**Attachment Check List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files