

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date: 08/08/2019

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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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 327536 Location Type: Production Facilities
Name: SPRAGUE-62N67W Number: 9NENW
County: WELD
Qtr Qtr: NENW Section: 9 Township: 2N Range: 67W Meridian: 6
Latitude: 40.156491 Longitude: -104.899248

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.156791 Longitude: -104.899369 PDOP: 4.0 Measurement Date: 06/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306090 Location Type: Well Site [] No Location ID
Name: SPRAGUE MULTI WELL PAD-NWNW Number: 0-2-9
County: WELD
Qtr Qtr: NWNW Section: 9 Township: 2N Range: 67W Meridian: 6
Latitude: 40.158332 Longitude: -104.902192

Flowline Start Point Riser

Latitude: 40.158324 Longitude: -104.902173 PDOP: 4.5 Measurement Date: 06/25/2019
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: 07/30/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 08/08/2019 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