

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:

08/08/2019

Document Number:

402138444

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) 774-4017
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: 319613 Location Type: Production Facilities
Name: REGNIER FARMS B UNIT-62N68W Number: 19NENE
County: WELD
Qtr Qtr: NENE Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.128486 Longitude: -105.040358

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463616 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.128436 Longitude: -105.040236 PDOP: 6.8 Measurement Date: 03/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305839 Location Type: Well Site ☐ No Location ID
Name: REGNIER FARMS-62N68W Number: 19SWNE
County: WELD
Qtr Qtr: SWNE Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.126270 Longitude: -105.043800

Flowline Start Point Riser

Latitude: 40.126246 Longitude: -105.043825 PDOP: 0.9 Measurement Date: 03/25/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 02/09/2007
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/20/2019

Description of Abandonment

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water prior to abandonment. Verified with LEL monitor that line was free of hydrocarbons. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463617 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.128436 Longitude: -105.040231 PDOP: 6.8 Measurement Date: 03/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332133 Location Type: _____ Well Site ☐ No Location ID
Name: REGNIER FARMS-62N68W Number: 19SENE
County: WELD
Qtr Qtr: SENE Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.126066 Longitude: -105.039188

Flowline Start Point Riser

Latitude: 40.126321 Longitude: -105.039081 PDOP: 2.7 Measurement Date: 03/25/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 02/11/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/20/2019

Description of Abandonment

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water prior to abandonment. Verified with LEL monitor that line was free of hydrocarbons. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463615 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.128453 Longitude: -105.040234 PDOP: 3.5 Measurement Date: 03/25/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location IdentificationLocation ID: 306439 Location Type: Well Site ☐ No Location ID

Name: REGNIER FARMS-62N68W Number: 19NWNE

County: WELD

Qtr Qtr: NWNE Section: 19 Township: 2N Range: 68W Meridian: 6

Latitude: 40.129260 Longitude: -105.044480

Flowline Start Point Riser

Latitude: 40.129252 Longitude: -105.044468 PDOP: 3.2 Measurement Date: 03/25/2019

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000

Bedding Material: Date Construction Completed: 07/26/2007

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/20/2019

Description of Abandonment

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water prior to abandonment. Verified with LEL monitor that line was free of hydrocarbons. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

OPERATOR COMMENTS AND SUBMITTAL

Comments

Flowline Facility ID: 463615 Operator Flowline ID: 328201904 Regnier Farms 31-19 Flowline Abandonment
Flowline Facility ID: 463616 Operator Flowline ID: 328201905 Regnier Farms 32-19 Flowline Abandonment
Flowline Facility ID: 463617 Operator Flowline ID: 328201906 Regnier Farms 42-19 Flowline Abandonment

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: Schuyler.Hamilton@Crestonepr.com

Print Name: Schuyler Hamilton Title: EHS Field Technician

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: 8/13/2019**Attachment Check List****Att Doc Num****Name**

402138444

Form44 Submitted

Total Attach: 1 Files