

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:

08/20/2019

Document Number:

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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) 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: 318934 Location Type: Production Facilities  
Name: DOWDY FACILITY 62N65W Number: 10SESE  
County: WELD  
Qtr Qtr: SESE Section: 10 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.146188 Longitude: -104.642625

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.146213 Longitude: -104.642432 PDOP: 3.8 Measurement Date: 06/19/2019  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331391 Location Type: Well Site  No Location ID  
Name: DOWDY-62N65W Number: 10SWSE  
County: WELD  
Qtr Qtr: SWSE Section: 10 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.147088 Longitude: -104.648166

Flowline Start Point Riser

Latitude: 40.147247 Longitude: -104.648295 PDOP: 0.8 Measurement Date: 06/19/2019  
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: 01/10/2002  
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: 40.146217 Longitude: -104.642421 PDOP: 5.4 Measurement Date: 06/19/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331401 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: DOWDY-62N65W Number: 10NESE  
County: WELD  
Qtr Qtr: NESE Section: 10 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.151788 Longitude: -104.642225

**Flowline Start Point Riser**

Latitude: 40.151833 Longitude -104.642276 PDOP: 2.1 Measurement Date: 06/19/2019  
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: 10/23/2003  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.146675 Longitude: -104.641844 PDOP: 1.9 Measurement Date: 06/19/2019  
Equipment at End Point Riser: Meter

**Flowline Start Point Location Identification**

Location ID: \_\_\_\_\_ Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: DOWDY FACILITY 62N65W Number: 10SESE  
County: WELD  
Qtr Qtr: SESE Section: 10 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.146188 Longitude: -104.642625

**Flowline Start Point Riser**

Latitude: 40.146205 Longitude -104.642484 PDOP: 5.4 Measurement Date: 06/19/2019

Equipment at Start Point Riser: Separator

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Date Construction Completed: 11/08/1992

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: 40.146217 Longitude: -104.642432 PDOP: 2.2 Measurement Date: 06/19/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331168 Location Type: Well Site  No Location ID

Name: DOWDY-62N65W Number: 10NWSE

County: WELD

Qtr Qtr: NWSE Section: 10 Township: 2N Range: 65W Meridian: 6

Latitude: 40.151798 Longitude: -104.648236

**Flowline Start Point Riser**

Latitude: 40.151934 Longitude -104.648274 PDOP: 0.9 Measurement Date: 06/19/2019

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: 04/20/2001

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

Dowdy 2 Sales Line Registration 318934\_SL  
Dowdy 33-10 Registration 12320256\_FL  
Dowdy 34-10 Registration 12320608\_FL  
Dowdy 43-10 Registration 12320622\_FL

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

Signed: \_\_\_\_\_ Date: 08/20/2019 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**

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

Total Attach: 0 Files