

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:

08/22/2019

Document Number:

402152827

## 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: 318567 Location Type: Production Facilities  
Name: POWERS-62N65W Number: 24NWSW  
County: WELD  
Qtr Qtr: NWSW Section: 24 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.121298 Longitude: -104.618134

## FLOWLINE FACILITY INFORMATION

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

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.120796 Longitude: -104.617632 PDOP: 4.3 Measurement Date: 07/05/2019  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 318567 Location Type: Well Site ☐ No Location ID  
Name: POWERS-62N65W Number: 24NWSW  
County: WELD  
Qtr Qtr: NWSW Section: 24 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.121298 Longitude: -104.618134

## Flowline Start Point Riser

Latitude: 40.121161 Longitude: -104.618153 PDOP: 2.1 Measurement Date: 07/05/2019  
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: 06/20/1978  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 464225 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

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

Latitude: 40.120789 Longitude: -104.617627 PDOP: 1.1 Measurement Date: 04/05/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331879 Location Type: Well Site ☐ No Location ID  
Name: POWERS-62N65W Number: 24SWSW  
County: WELD  
Qtr Qtr: SWSW Section: 24 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.118318 Longitude: -104.619715

**Flowline Start Point Riser**

Latitude: 40.118287 Longitude: -104.619691 PDOP: 3.1 Measurement Date: 04/05/2019  
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: Native Materials Date Construction Completed: 08/16/2003  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service****OPERATOR COMMENTS AND SUBMITTAL**

Comments

Operator Flowline ID: 12309409\_FL Powers 1 Flowline Registration  
Flowline Facility ID: 464225 Powers 14-24 Flowline Previously Registered

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
Signed: \_\_\_\_\_ Date: 08/22/2019 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: \_\_\_\_\_

### **Attachment Check List**

**Att Doc Num**

**Name**

402152827

Form44 Submitted

Total Attach: 1 Files