

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:

08/23/2019

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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) 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: 317595 Location Type: Production Facilities
Name: ECHEVERRIA-62N67W Number: 2SWSW
County: WELD
Qtr Qtr: SWSW Section: 2 Township: 2N Range: 67W Meridian: 6
Latitude: 40.162577 Longitude: -104.863473

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465548 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.162495 Longitude: -104.863310 PDOP: 0.8 Measurement Date: 05/14/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330869 Location Type: Well Site No Location ID
Name: ECHEVERRIA-62N67W Number: 2SWSW
County: WELD
Qtr Qtr: SWSW Section: 2 Township: 2N Range: 67W Meridian: 6
Latitude: 40.160987 Longitude: -104.865603

Flowline Start Point Riser

Latitude: 40.161105 Longitude: -104.865490 PDOP: 1.8 Measurement Date: 05/14/2019
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: 10/22/1999
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/01/2019

Description of Abandonment

Flowline was disconnected from separator and from well. 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: 465547 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.162499 Longitude: -104.863310 PDOP: 1.0 Measurement Date: 05/14/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330962 Location Type: _____ Well Site No Location ID
Name: ECHEVERRIA-62N67W Number: 2NWSW
County: WELD
Qtr Qtr: NWSW Section: 2 Township: 2N Range: 67W Meridian: 6
Latitude: 40.165677 Longitude: -104.865563

Flowline Start Point Riser

Latitude: 40.165806 Longitude -104.865400 PDOP: 3.5 Measurement Date: 04/25/2019
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: 02/09/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/01/2019

Description of Abandonment

Flowline was disconnected from separator and from well. 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: 465547 Echeverria 13-2 Flowline Abandonment
Flowline Facility ID: 465548 Echeverria 14-2 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: 08/23/2019 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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files