

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

08/23/2019

Document Number:

402154328

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: 333216 Location Type: Production Facilities
Name: ECHEVERRIA-62N67W Number: 2NESW
County: WELD
Qtr Qtr: NESW Section: 2 Township: 2N Range: 67W Meridian: 6
Latitude: 40.165927 Longitude: -104.858782

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465542 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.165831 Longitude: -104.858390 PDOP: 2.4 Measurement Date: 04/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336381 Location Type: Well Site No Location ID
Name: ECHEVERRIA-62N67W Number: 2SESW
County: WELD
Qtr Qtr: SESW Section: 2 Township: 2N Range: 67W Meridian: 6
Latitude: 40.161128 Longitude: -104.859400

Flowline Start Point Riser

Latitude: 40.161048 Longitude: -104.859350 PDOP: 0.9 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: 02/06/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/29/2019

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: 465543 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.165831 Longitude: -104.858370 PDOP: 2.9 Measurement Date: 04/25/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330824 Location Type: _____ Well Site No Location ID
Name: ECHEVERRIA-62N67W Number: 2NESW
County: WELD
Qtr Qtr: NESW Section: 2 Township: 2N Range: 67W Meridian: 6
Latitude: 40.165127 Longitude: -104.859722

Flowline Start Point Riser

Latitude: 40.165854 Longitude -104.859230 PDOP: 3.9 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: 01/19/1999
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/29/2019

Description of Abandonment

Flowline was disconnected from the wellhead and the separator. Flushed line with fresh water and flowline was removed from ground. Flowline was completely removed.

OPERATOR COMMENTS AND SUBMITTAL

Comments


Flowline Facility ID: 465543 Echeverria 23-2 Flowline Abandonment
Flowline Facility ID: 465542 Echeverria 24-2 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: 8/26/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402154328	Form44 Submitted

Total Attach: 1 Files