

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

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: 328046 Location Type: Production Facilities  
Name: ECHEVERRIA-62N67W Number: 2SWNW  
County: WELD  
Qtr Qtr: SWNW Section: 2 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.169697 Longitude: -104.863643

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465546 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.170705 Longitude: -104.862980 PDOP: 1.0 Measurement Date: 05/14/2019  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330909 Location Type: Well Site  No Location ID  
Name: ECHEVERRIA-62N67W Number: 2NWNW  
County: WELD  
Qtr Qtr: NWNW Section: 2 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.173147 Longitude: -104.865513

Flowline Start Point Riser

Latitude: 40.173210 Longitude: -104.865280 PDOP: 5.5 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: 12/25/1999  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 08/03/2019

**Description of Abandonment**

Flowline was disconnected from well and also 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: 465545 Flowline Type: Wellhead Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.170705 Longitude: -104.862990 PDOP: 1.1 Measurement Date: 05/14/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331136 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: ECHEVERRIA-62N67W Number: 2SWNW  
County: WELD  
Qtr Qtr: SWNW Section: 2 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.168437 Longitude: -104.865543

**Flowline Start Point Riser**

Latitude: 40.168390 Longitude -104.864920 PDOP: 3.5 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: 01/28/2009  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 08/03/2019

**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: 465563 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.170685 Longitude: -104.863145 PDOP: 1.1 Measurement Date: 05/14/2019  
 Equipment at End Point Riser: Meter

**Flowline Start Point Location Identification**

Location ID: 317595 Location Type: Production Facilities  No Location ID  
 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 Start Point Riser**

Latitude: 40.162448 Longitude: -104.863264 PDOP: 0.9 Measurement Date: 05/08/2019  
 Equipment at Start Point Riser: Separator

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000  
 Bedding Material: \_\_\_\_\_ Date Construction Completed: 11/01/1971  
 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 Crestone CDP. 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: 465546 Echeverria 11-2 Abandonment Flowline Facility ID: 465545 Echeverria 12-2 Abandonment Flowline Facility ID: 465563 Echeverria 1 Sale Line Abandonment
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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**

Att Doc Num	Name

Total Attach: 0 Files