

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: 05/15/2019 Document Number: 402041063

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 470269 Location Type: Production Facilities Name: ALCORN-61N69W Number: 10NWNE County: BOULDER Qtr Qtr: NWNE Section: 10 Township: 1N Range: 69W Meridian: 6 Latitude: 40.069416 Longitude: -105.098413

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470270 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.069416 Longitude: -105.098413 PDOP: 2.4 Measurement Date: 04/23/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336390 Location Type: Well Site [] No Location ID Name: ALCORN-61N69W Number: 10NWNE County: BOULDER Qtr Qtr: NWNE Section: 10 Township: 1N Range: 69W Meridian: 6 Latitude: 40.069977 Longitude: -105.098649

Flowline Start Point Riser

Latitude: 40.069880 Longitude: -105.098812 PDOP: 3.5 Measurement Date: 04/23/2019 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: Native Materials Date Construction Completed: 12/13/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470271 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.069413 Longitude: -105.098402 PDOP: 3.1 Measurement Date: 04/23/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336390 Location Type: _____ Well Site No Location ID
Name: ALCORN-61N69W Number: 10NWNE
County: BOULDER
Qtr Qtr: NWNE Section: 10 Township: 1N Range: 69W Meridian: 6
Latitude: 40.069977 Longitude: -105.098649

Flowline Start Point Riser

Latitude: 40.069993 Longitude -105.098531 PDOP: 3.7 Measurement Date: 04/23/2019
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: 10/28/1981
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 05/15/2019 Email: costin.mcqueen@crestonepr.com

Print Name: Costin McQueen Title: Environmental 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: 12/19/2019

Attachment Check List

Att Doc Num **Name**

402041063	Form44 Submitted
-----------	------------------

Total Attach: 1 Files