



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) 7744017 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: 470437 Location Type: Production Facilities Name: CHRISTINE-64N65W Number: 15SWSE County: WELD Qtr Qtr: SWSE Section: 15 Township: 4N Range: 65W Meridian: 6 Latitude: 40.305427 Longitude: -104.639995

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470438 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.305427 Longitude: -104.639995 PDOP: 2.5 Measurement Date: 06/05/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336710 Location Type: Well Site [] No Location ID Name: ARENS-64N65W Number: 15NESE County: WELD Qtr Qtr: NESE Section: 15 Township: 4N Range: 65W Meridian: 6 Latitude: 40.310650 Longitude: -104.642090

Flowline Start Point Riser

Latitude: 40.310790 Longitude: -104.642062 PDOP: 0.8 Measurement Date: 06/05/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 02/04/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470439 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.305415 Longitude: -104.640047 PDOP: 2.5 Measurement Date: 06/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319264 Location Type: _____ Well Site No Location ID
Name: CHRISTINE-64N65W Number: 15SWSE
County: WELD
Qtr Qtr: SWSE Section: 15 Township: 4N Range: 65W Meridian: 6
Latitude: 40.307836 Longitude: -104.645587

Flowline Start Point Riser

Latitude: 40.307991 Longitude -104.645492 PDOP: 2.3 Measurement Date: 06/05/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 05/22/1984
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Christine 1. Registration. 12310971_FL
Francis Arens 6-4-15. Regulation. 12324742_FL

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

Signed: _____ Date: 08/02/2019 Email: costin.mcqueen@crestonepr.com

Print Name: Costin McQueen Title: Contractor

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: 1/2/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402131895	Form44 Submitted

Total Attach: 1 Files