

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

08/02/2019

Document Number:

402131966

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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 470440 Location Type: Production Facilities
Name: DIER-62N67W Number: 8NWSW
County: WELD
Qtr Qtr: SWSW Section: 8 Township: 2N Range: 67W Meridian: 6
Latitude: 40.149755 Longitude: -104.920384

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470441 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.149755 Longitude: -104.920384 PDOP: 2.9 Measurement Date: 06/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336477 Location Type: Well Site ☐ No Location ID
Name: DIER-62N67W Number: 8NWSW
County: WELD
Qtr Qtr: SWSW Section: 8 Township: 2N Range: 67W Meridian: 6
Latitude: 40.149717 Longitude: -104.921124

Flowline Start Point Riser

Latitude: 40.149885 Longitude: -104.920871 PDOP: 3.7 Measurement Date: 06/06/2019
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: 02/13/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470442 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.149743 Longitude: -104.920378 PDOP: 2.9 Measurement Date: 06/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336477 Location Type: _____ Well Site ☐ No Location ID
Name: DIER-62N67W Number: 8NWSW
County: WELD
Qtr Qtr: SWSW Section: 8 Township: 2N Range: 67W Meridian: 6
Latitude: 40.149717 Longitude: -104.921124

Flowline Start Point Riser

Latitude: 40.149806 Longitude: -104.920887 PDOP: 3.4 Measurement Date: 06/06/2019
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: 03/01/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Dier 13-8. Registration. 12320652_FL
Dier 14-8. Registration. 12320653_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>
402131966	Form44 Submitted

Total Attach: 1 Files