

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: 08/20/2019 Document Number: 402138099

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: 470645 Location Type: Production Facilities Name: DOWDY FACILITY 62N65W Number: 10SESE County: WELD Qtr Qtr: SESE Section: 10 Township: 2N Range: 65W Meridian: 6 Latitude: 40.146188 Longitude: -104.642625

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470647 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.146213 Longitude: -104.642432 PDOP: 3.8 Measurement Date: 06/19/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331391 Location Type: Well Site [] No Location ID Name: DOWDY-62N65W Number: 10SWSE County: WELD Qtr Qtr: SWSE Section: 10 Township: 2N Range: 65W Meridian: 6 Latitude: 40.147088 Longitude: -104.648166

Flowline Start Point Riser

Latitude: 40.147247 Longitude: -104.648295 PDOP: 0.8 Measurement Date: 06/19/2019 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: 01/10/2002
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470648 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.146217 Longitude: -104.642421 PDOP: 5.4 Measurement Date: 06/19/2019
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331401 Location Type: _____ Well Site No Location ID
 Name: DOWDY-62N65W Number: 10NESE
 County: WELD
 Qtr Qtr: NESE Section: 10 Township: 2N Range: 65W Meridian: 6
 Latitude: 40.151788 Longitude: -104.642225

Flowline Start Point Riser

Latitude: 40.151833 Longitude -104.642276 PDOP: 2.1 Measurement Date: 06/19/2019
 :
 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: 10/23/2003
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470649 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.146217 Longitude: -104.642432 PDOP: 2.2 Measurement Date: 06/19/2019
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331168 Location Type: _____ Well Site No Location ID
 Name: DOWDY-62N65W Number: 10NWSE
 County: WELD
 Qtr Qtr: NWSE Section: 10 Township: 2N Range: 65W Meridian: 6
 Latitude: 40.151798 Longitude: -104.648236

Flowline Start Point Riser

Latitude: 40.151934 Longitude -104.648274 PDOP: 0.9 Measurement Date: 06/19/2019

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: 04/20/2001

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Dowdy 2 Sales Line Registration 318934_SL Dowdy 33-10 Registration 12320256_FL Dowdy 34-10 Registration 12320608_FL Dowdy 43-10 Registration 12320622_FL

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

Signed: _____ Date: 08/20/2019 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: 1/7/2020

Attachment Check List

Att Doc Num	Name
402138099	Form44 Submitted

Total Attach: 1 Files