

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:

01/23/2020

Document Number:

402192175

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: 434798 Location Type: Production Facilities
Name: Kugel Facilities Number: 18H-H267
County: WELD
Qtr Qtr: NENE Section: 18 Township: 2N Range: 67W Meridian: 6
Latitude: 40.143420 Longitude: -104.927340

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470980 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.143179 Longitude: -104.927514 PDOP: 2.5 Measurement Date: 08/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331343 Location Type: Well Site No Location ID
Name: KUGEL-62N67W Number: 18NENE
County: WELD
Qtr Qtr: NENE Section: 18 Township: 2N Range: 67W Meridian: 6
Latitude: 40.144267 Longitude: -104.925984

Flowline Start Point Riser

Latitude: 40.144344 Longitude: -104.925735 PDOP: 1.7 Measurement Date: 08/06/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 08/30/2001
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470981 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.143213 Longitude: -104.927505 PDOP: 1.5 Measurement Date: 08/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336454 Location Type: _____ Well Site No Location ID
Name: KUGEL Number: 2N67W/18HNWNE
County: WELD
Qtr Qtr: NWNE Section: 18 Township: 2N Range: 67W Meridian: 6
Latitude: 40.144410 Longitude: -104.931470

Flowline Start Point Riser

Latitude: 40.144369 Longitude -104.931291 PDOP: 2.7 Measurement Date: 08/06/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 08/25/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470982 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.143178 Longitude: -104.927525 PDOP: 2.8 Measurement Date: 08/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336435 Location Type: _____ Well Site No Location ID
Name: Kugel Number: 18H-H267
County: WELD
Qtr Qtr: SENE Section: 18 Township: 2N Range: 67W Meridian: 6
Latitude: 40.139661 Longitude: -104.926457

Flowline Start Point Riser

Latitude: 40.139635 Longitude -104.925682 PDOP: 2.2 Measurement Date: 08/06/2019

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000

Bedding Material: Date Construction Completed: 08/30/2001

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470983 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.143136 Longitude: -104.927522 PDOP: 3.1 Measurement Date: 08/06/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336435 Location Type: Well Site No Location ID

Name: Kugel Number: 18H-H267

County: WELD

Qtr Qtr: SENE Section: 18 Township: 2N Range: 67W Meridian: 6

Latitude: 40.139661 Longitude: -104.926457

Flowline Start Point Riser

Latitude: 40.139666 Longitude -104.925561 PDOP: 5.9 Measurement Date: 08/06/2019

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000

Bedding Material: Date Construction Completed: 05/08/2008

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470984 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.143216 Longitude: -104.927504 PDOP: 3.7 Measurement Date: 08/06/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336454 Location Type: Well Site No Location ID

Name: KUGEL Number: 2N67W/18HNWNE

County: WELD

Qtr Qtr: NWNE Section: 18 Township: 2N Range: 67W Meridian: 6
Latitude: 40.144410 Longitude: -104.931470

Flowline Start Point Riser

Latitude: 40.144396 Longitude -104.931293 PDOP: 4.6 Measurement Date: 08/06/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 08/21/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470985 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.143183 Longitude: -104.927514 PDOP: 2.4 Measurement Date: 08/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336454 Location Type: Well Site No Location ID
Name: KUGEL Number: 2N67W/18HNWNE
County: WELD
Qtr Qtr: NWNE Section: 18 Township: 2N Range: 67W Meridian: 6
Latitude: 40.144410 Longitude: -104.931470

Flowline Start Point Riser

Latitude: 40.144420 Longitude -104.931514 PDOP: 4.7 Measurement Date: 08/06/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 11/15/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL


Comments

Operator Flowline ID: 12319698_FL Kugel 31-18 Flowline Registration Operator Flowline ID: 12330820_FL Wandell 4-6-7 Flowline Registration Operator Flowline ID: 12331039_FL Wandell 6-8-7 Flowline Registration Operator Flowline ID: 12320528_FL Kugel 41-18 Flowline Registration Operator Flowline ID: 12320307_FL Kugel 42-18 Flowline Registration Operator Flowline ID: 12320871_FL Miller 12-17 Flowline Registration

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 01/23/2020 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: 1/24/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402192175	Form44 Submitted

Total Attach: 1 Files