

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:

09/28/2019

Document Number:

402192179

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: Location Type: Production Facilities
Name: Dier Facility Number: 2N67W
County: WELD
Qtr Qtr: SWSE Section: 8 Township: 2N Range: 67W Meridian: 6
Latitude: 40.145969 Longitude: -104.910309

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.146169 Longitude: -104.910353 PDOP: 4.5 Measurement Date: 08/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330836 Location Type: Well Site ☐ No Location ID
Name: DIER-62N67W Number: 8SWSE
County: WELD
Qtr Qtr: SWSE Section: 8 Township: 2N Range: 67W Meridian: 6
Latitude: 40.147327 Longitude: -104.912184

Flowline Start Point Riser

Latitude: 40.147344 Longitude: -104.912587 PDOP: 1.5 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: 03/19/1999
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.146180 Longitude: -104.910353 PDOP: 4.5 Measurement Date: 08/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333234 Location Type: _____ Well Site ☐ No Location ID
Name: DIER-62N67W Number: 8SESE
County: WELD
Qtr Qtr: SESE Section: 8 Township: 2N Range: 67W Meridian: 6
Latitude: 40.146777 Longitude: -104.906594

Flowline Start Point Riser

Latitude: 40.146906 Longitude: -104.906359 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: 08/17/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Operator Flowline ID: 12319734_FL Dier 34-8 Flowline Registration
Operator Flowline ID: 12319919_FL Dier 44-8 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: 09/28/2019 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: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files