

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: 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 (CO811) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 472704 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: 472728 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: 472729 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: 3/3/2020

Attachment Check List

Att Doc Num **Name**

402192179	Form44 Submitted
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Total Attach: 1 Files