

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: 09/29/2019 Document Number: 402082325

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: 433474 Location Type: Production Facilities Name: Grant Salisbury Number: 14H-C268 County: WELD Qtr Qtr: NENW Section: 14 Township: 2N Range: 68W Meridian: 6 Latitude: 40.142340 Longitude: -104.973760

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.142557 Longitude: -104.974164 PDOP: 5.1 Measurement Date: 05/01/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433455 Location Type: Well Site [] No Location ID Name: Grant Elmquist Number: 14H-C268 County: WELD Qtr Qtr: NENW Section: 14 Township: 2N Range: 68W Meridian: 6 Latitude: 40.143860 Longitude: -104.973879

Flowline Start Point Riser

Latitude: 40.143834 Longitude: -104.973892 PDOP: 3.8 Measurement Date: 05/01/2019 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: 07/18/2015
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: 40.142393 Longitude: -104.974165 PDOP: 5.9 Measurement Date: 05/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433455 Location Type: _____ Well Site No Location ID
Name: Grant Elmquist Number: 14H-C268
County: WELD
Qtr Qtr: NENW Section: 14 Township: 2N Range: 68W Meridian: 6
Latitude: 40.143860 Longitude: -104.973879

Flowline Start Point Riser

Latitude: 40.143834 Longitude -104.973751 PDOP: 3.7 Measurement Date: 05/01/2019
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: 07/18/2015
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: 40.142474 Longitude: -104.974164 PDOP: 3.1 Measurement Date: 05/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433455 Location Type: _____ Well Site No Location ID
Name: Grant Elmquist Number: 14H-C268
County: WELD
Qtr Qtr: NENW Section: 14 Township: 2N Range: 68W Meridian: 6
Latitude: 40.143860 Longitude: -104.973879

Flowline Start Point Riser

Latitude: 40.143834 Longitude -104.973819 PDOP: 2.7 Measurement Date: 05/01/2019

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: 07/18/2015

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: 40.142353 Longitude: -104.974165 PDOP: 3.5 Measurement Date: 05/01/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433455 Location Type: Well Site No Location ID

Name: Grant Elmquist Number: 14H-C268

County: WELD

Qtr Qtr: NENW Section: 14 Township: 2N Range: 68W Meridian: 6

Latitude: 40.143860 Longitude: -104.973879

Flowline Start Point Riser

Latitude: 40.143834 Longitude -104.973715 PDOP: 3.7 Measurement Date: 05/01/2019

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: 07/18/2015

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: 40.142311 Longitude: -104.974165 PDOP: 3.8 Measurement Date: 05/01/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433455 Location Type: Well Site No Location ID

Name: Grant Elmquist Number: 14H-C268

County: WELD

Qtr Qtr: NENW Section: 14 Township: 2N Range: 68W Meridian: 6
Latitude: 40.143860 Longitude: -104.973879

Flowline Start Point Riser

Latitude: 40.143833 Longitude -104.973679 PDOP: 2.5 Measurement Date: 05/01/2019
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: 07/18/2015
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: 40.142433 Longitude: -104.974163 PDOP: 3.6 Measurement Date: 05/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433455 Location Type: Well Site No Location ID
Name: Grant Elmquist Number: 14H-C268
County: WELD
Qtr Qtr: NENW Section: 14 Township: 2N Range: 68W Meridian: 6
Latitude: 40.143860 Longitude: -104.973879

Flowline Start Point Riser

Latitude: 40.143834 Longitude -104.973787 PDOP: 3.6 Measurement Date: 05/01/2019
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: 07/17/2015
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: 40.142516 Longitude: -104.974162 PDOP: 3.6 Measurement Date: 05/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433455 Location Type: Well Site No Location ID

Name: Grant Elmquist Number: 14H-C268

County: WELD

Qtr Qtr: NENW Section: 14 Township: 2N Range: 68W Meridian: 6

Latitude: 40.143860 Longitude: -104.973879

Flowline Start Point Riser

Latitude: 40.143834 Longitude -104.973858 PDOP: 2.1 Measurement Date: 05/01/2019

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: 07/17/2015

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

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments
Grant Elmquist 2A-14H Registration 12337652_FL
Grant Elmquist 2B-14H Registration 12337650_FL
Grant Elmquist 2C-14H Registration 12337644_FL
Grant Elmquist 2D-14H Registration 12337643_FL
Grant Elmquist 2E-14H Registration 12337646_FL
Grant Elmquist 2F-14H Registration 12337645_FL
Grant Elmquist 2G-14H Registration 12337647_FL

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

Signed: _____ Date: 09/29/2019 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

Att Doc Num	Name

Total Attach: 0 Files