

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: 10/16/2019 Document Number: 402211173

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) 7744017 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: 429488 Location Type: Production Facilities Name: ECHEVERRIA 62N67W Number: 2/NENW HZ PAD County: WELD Qtr Qtr: NENW Section: 2 Township: 2N Range: 67W Meridian: 6 Latitude: 40.172930 Longitude: -104.861750

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.170927 Longitude: -104.860583 PDOP: 5.1 Measurement Date: 07/17/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429488 Location Type: Well Site [] No Location ID Name: ECHEVERRIA 62N67W Number: 2/NENW HZ PAD County: WELD Qtr Qtr: NENW Section: 2 Township: 2N Range: 67W Meridian: 6 Latitude: 40.172930 Longitude: -104.861750

Flowline Start Point Riser

Latitude: 40.172904 Longitude: -104.861853 PDOP: 3.3 Measurement Date: 07/17/2019 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: 02/14/2013
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: 40.170921 Longitude: -104.860479 PDOP: 2.0 Measurement Date: 05/31/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429488 Location Type: _____ Well Site No Location ID
Name: ECHEVERRIA 62N67W Number: 2/NENW HZ PAD
County: WELD
Qtr Qtr: NENW Section: 2 Township: 2N Range: 67W Meridian: 6
Latitude: 40.172930 Longitude: -104.861750

Flowline Start Point Riser

Latitude: 40.172904 Longitude -104.861826 PDOP: 2.9 Measurement Date: 07/17/2019
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: 02/14/2013
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Echeverria 2A-2H. 12335811_FL. registrations
Echeverria 2B-2H. 12335810_FL. registrations

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/16/2019 Email: costin.mcqueen@crestonepr.com
Print Name: Costin McQueen Title: Geologist

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**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files