

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:

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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

## OFF LOCATION FLOWLINE

## FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 429489 Location Type: Production Facilities  
Name: ECHEVERRIA 62N67W Number: 2/NENW BATTERY  
County: WELD  
Qtr Qtr: NENW Section: 2 Township: 2N Range: 67W Meridian: 6  
Latitude: 40.170940 Longitude: -104.861760

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473047 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: 473048 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: 05/29/2019  
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: 3/10/2020

**Attachment Check List**

**Att Doc Num****Name**

402211173

Form44 Submitted

Total Attach: 1 Files