

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: 10/03/2019 Document Number: 402198223

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: 433811 Location Type: Production Facilities Name: Boyd Number: 19H-M368 County: WELD Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6 Latitude: 40.206520 Longitude: -105.052980

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.206928 Longitude: -105.052106 PDOP: 4.5 Measurement Date: 07/09/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433811 Location Type: Well Site [] No Location ID Name: Boyd Number: 19H-M368 County: WELD Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6 Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206495 Longitude: -105.052949 PDOP: 3.6 Measurement Date: 07/09/2019 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: 10/15/2014
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: 40.206870 Longitude: -105.052105 PDOP: 3.4 Measurement Date: 07/09/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433811 Location Type: _____ Well Site No Location ID
Name: Boyd Number: 19H-M368
County: WELD
Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6
Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206466 Longitude -105.052949 PDOP: 5.8 Measurement Date: 07/09/2019
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: 10/15/2014
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: 40.207092 Longitude: -105.052105 PDOP: 4.0 Measurement Date: 07/09/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433811 Location Type: _____ Well Site No Location ID
Name: Boyd Number: 19H-M368
County: WELD
Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6
Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206575 Longitude -105.052947 PDOP: 3.2 Measurement Date: 07/09/2019

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: 10/15/2014

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: 40.206820 Longitude: -105.052114 PDOP: 5.2 Measurement Date: 07/09/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433811 Location Type: Well Site No Location ID

Name: Boyd Number: 19H-M368

County: WELD

Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6

Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206441 Longitude -105.052948 PDOP: 3.5 Measurement Date: 07/09/2019

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: 10/15/2014

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: 40.207037 Longitude: -105.052105 PDOP: 4.4 Measurement Date: 07/09/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433811 Location Type: Well Site No Location ID

Name: Boyd Number: 19H-M368

County: WELD

Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6
Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206549 Longitude -105.052950 PDOP: 2.3 Measurement Date: 07/09/2019
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: 10/15/2014
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: 40.206982 Longitude: -105.052107 PDOP: 4.6 Measurement Date: 07/09/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433811 Location Type: Well Site No Location ID
Name: Boyd Number: 19H-M368
County: WELD
Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6
Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206523 Longitude -105.052950 PDOP: 4.0 Measurement Date: 07/09/2019
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: 10/15/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Boyd 3B-19H. 12337793_FL. registration Boyd 3C-19H. 12337795_FL. registration Boyd 3D-19H. 12337796_FL. registration Boyd 3E-19H. 12337792_FL. registration Boyd 3F-19H. 12337797_FL. registration Boyd 3G-19H. 12337794_FL. registration
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/03/2019 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