

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: 10/28/2019 Document Number: 402212511

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 333137 Location Type: Production Facilities Name: ARISTOCRAT ANGUS 63N 65W 3SWSW Number: MULTI WELL PAD County: WELD Qtr Qtr: SWSW Section: 3 Township: 3N Range: 65W Meridian: 6 Latitude: 40.248490 Longitude: -104.656230

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473090 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.249025 Longitude: -104.656532 PDOP: 2.6 Measurement Date: 07/30/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332921 Location Type: Well Site [] No Location ID Name: ARISTOCRAT-63N65W Number: 3SESW County: WELD Qtr Qtr: SESW Section: 3 Township: 3N Range: 65W Meridian: 6 Latitude: 40.249460 Longitude: -104.652460

Flowline Start Point Riser

Latitude: 40.249485 Longitude: -104.652257 PDOP: 3.9 Measurement Date: 07/30/2019 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: 12/17/1986
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473091 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.249031 Longitude: -104.656594 PDOP: 4.5 Measurement Date: 07/30/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333180 Location Type: _____ Well Site No Location ID
Name: ARISTOCRAT ANGUS-63N65W Number: 3NWSW
County: WELD
Qtr Qtr: NWSW Section: 3 Township: 3N Range: 65W Meridian: 6
Latitude: 40.252393 Longitude: -104.657151

Flowline Start Point Riser

Latitude: 40.252630 Longitude -104.657085 PDOP: 4.7 Measurement Date: 07/30/2019
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: 09/21/1993
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Aristocrat Angus 13-3. 12316352_FL. registration
Aristocrat Angus 24-3C. 12312821_FL. registration

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/28/2019 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: 3/11/2020

Attachment Check List

Att Doc Num **Name**

402212511	Form44 Submitted
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Total Attach: 1 Files