

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: 10/17/2019 Document Number: 402212521

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: 311345 Location Type: Production Facilities Name: ARISTOCRAT-63N65W Number: 10NWNE County: WELD Qtr Qtr: NWNE Section: 10 Township: 3N Range: 65W Meridian: 6 Latitude: 40.245087 Longitude: -104.646888

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.245138 Longitude: -104.646639 PDOP: 2.9 Measurement Date: 07/30/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329308 Location Type: Well Site [] No Location ID Name: FEDERAL-63N65W Number: 10SWNE County: WELD Qtr Qtr: SWNE Section: 10 Township: 3N Range: 65W Meridian: 6 Latitude: 40.242047 Longitude: -104.646236

Flowline Start Point Riser

Latitude: 40.242119 Longitude: -104.646254 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: 05/31/1995
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: 40.245107 Longitude: -104.646582 PDOP: 2.7 Measurement Date: 07/30/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332718 Location Type: _____ Well Site No Location ID
Name: ARISTOCRAT ANGUS-63N65W Number: 10NENW
County: WELD
Qtr Qtr: NENW Section: 10 Township: 3N Range: 65W Meridian: 6
Latitude: 40.245287 Longitude: -104.651707

Flowline Start Point Riser

Latitude: 40.245298 Longitude -104.651677 PDOP: 2.1 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: 12/10/1980
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Aristocrat Angus Federal 32-10. 12317137_FL. registration
Aristocrat Angus Federal 21-10. 12309497_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: 10/17/2019 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**

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Total Attach: 0 Files