

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:

10/17/2019

Document Number:

402212611

## 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: 323245 Location Type: Production Facilities  
Name: ARISTOCRAT ANGUS-63N65W Number: 3SESE  
County: WELD  
Qtr Qtr: SESE Section: 3 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.248897 Longitude: -104.642056

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473124 Flowline Type: Wellhead Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.248856 Longitude: -104.641906 PDOP: 2.2 Measurement Date: 08/05/2019  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 332745 Location Type: Well Site ☐ No Location ID  
Name: ARISTOCRAT ANGUS 63N65W 3NESE Number: MULTI WELL PAD  
County: WELD  
Qtr Qtr: NESE Section: 3 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.251060 Longitude: -104.644260

## Flowline Start Point Riser

Latitude: 40.250981 Longitude: -104.644391 PDOP: 2.3 Measurement Date: 08/05/2019  
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: 11/25/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 473125 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.248859 Longitude: -104.641898 PDOP: 1.8 Measurement Date: 08/05/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332745 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: ARISTOCRAT ANGUS 63N65W 3NESE Number: MULTI WELL PAD  
County: WELD  
Qtr Qtr: NESE Section: 3 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.251060 Longitude: -104.644260

**Flowline Start Point Riser**

Latitude: 40.251039 Longitude: -104.644183 PDOP: 2.7 Measurement Date: 08/05/2019  
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: 01/17/2005  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 473126 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.248857 Longitude: -104.641904 PDOP: 1.6 Measurement Date: 08/05/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332745 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: ARISTOCRAT ANGUS 63N65W 3NESE Number: MULTI WELL PAD  
County: WELD  
Qtr Qtr: NESE Section: 3 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.251060 Longitude: -104.644260

**Flowline Start Point Riser**

Latitude: 40.251071 Longitude -104.644249 PDOP: 4.6 Measurement Date: 08/05/2019

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: 08/03/2004

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

### **FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 473127 Flowline Type: Wellhead Line Action Type: Registration

### **OFF LOCATION FLOWLINE REGISTRATION**

#### **Flowline End Point Riser**

Latitude: 40.248860 Longitude: -104.641896 PDOP: 3.1 Measurement Date: 08/05/2019

Equipment at End Point Riser: Separator

#### **Flowline Start Point Location Identification**

Location ID: 323244 Location Type: Well Site ☐ No Location ID

Name: ARISTOCRAT-63N65W Number: 3NESE

County: WELD

Qtr Qtr: NESE Section: 3 Township: 3N Range: 65W Meridian: 6

Latitude: 40.252527 Longitude: -104.642076

#### **Flowline Start Point Riser**

Latitude: 40.252521 Longitude -104.642228 PDOP: 3.4 Measurement Date: 08/05/2019

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: 01/08/1987

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

### **OPERATOR COMMENTS AND SUBMITTAL**

Comments

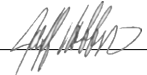
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Aristocrat Angus 43-3C. 12312761\_FL. registration  
Aristocrat Angus 6-8-3. 12333507\_FL. registration  
Aristocrat Angus 7-6-3. 12322533\_FL. registration

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: 3/11/2020

### **Attachment Check List**

**Att Doc Num**

**Name**

402212611

Form44 Submitted

Total Attach: 1 Files