

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: 402213448

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: 328937 Location Type: Production Facilities Name: BARCLAY-CHRISMAN-63N66W Number: 20NWSW County: WELD Qtr Qtr: NWSW Section: 20 Township: 3N Range: 66W Meridian: 6 Latitude: 40.207486 Longitude: -104.807041

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Process Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.207530 Longitude: -104.807000 PDOP: 4.0 Measurement Date: 09/16/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 405923 Location Type: Well Site [] No Location ID Name: BARCLAY CRISMAN-63N66W Number: 20SWSW County: WELD Qtr Qtr: SWSW Section: 20 Township: 3N Range: 66W Meridian: 6 Latitude: 40.206176 Longitude: -104.806461

Flowline Start Point Riser

Latitude: 40.206170 Longitude: -104.807000 PDOP: 0.9 Measurement Date: 09/16/2019 Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 1.000
Bedding Material: _____ Date Construction Completed: 01/11/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Barclay Crisman 4-20 Supply Gas. 12316645_IA. 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: 10/17/2019 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

Total Attach: 0 Files