

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: 10/21/2019 Document Number: 402215142

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: 431277 Location Type: Well Site Name: BILLINGS 63N68W / NWNW Number: 18 HZ WELL PAD County: WELD Qtr Qtr: NWNW Section: 18 Township: 3N Range: 68W Meridian: 6 Latitude: 40.229310 Longitude: -105.054290

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229212 Longitude: -105.054128 PDOP: 2.0 Measurement Date: 09/09/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 434020 Location Type: Production Facilities No Location ID Name: Billings 18H SWNW Number: Facilities County: WELD Qtr Qtr: SWNW Section: 18 Township: 3N Range: 68W Meridian: 6 Latitude: 40.225410 Longitude: -105.053070

Flowline Start Point Riser

Latitude: 40.226321 Longitude: -105.052814 PDOP: 4.9 Measurement Date: 09/09/2019 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: 09/03/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229281 Longitude: -105.054098 PDOP: 1.3 Measurement Date: 09/09/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 434020 Location Type: Production Facilities No Location ID
Name: Billings 18H SWNW Number: Facilities
County: WELD
Qtr Qtr: SWNW Section: 18 Township: 3N Range: 68W Meridian: 6
Latitude: 40.225410 Longitude: -105.053070

Flowline Start Point Riser

Latitude: 40.226321 Longitude -105.052814 PDOP: 4.9 Measurement Date: 09/09/2019
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: 09/03/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229383 Longitude: -105.054106 PDOP: 1.2 Measurement Date: 09/09/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 434020 Location Type: Production Facilities No Location ID
Name: Billings 18H SWNW Number: Facilities
County: WELD
Qtr Qtr: SWNW Section: 18 Township: 3N Range: 68W Meridian: 6
Latitude: 40.225410 Longitude: -105.053070

Flowline Start Point Riser

Latitude: 40.226321 Longitude -105.052814 PDOP: 4.9 Measurement Date: 09/09/2019

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: 09/03/2014

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229250 Longitude: -105.054096 PDOP: 2.0 Measurement Date: 09/09/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 434020 Location Type: Production Facilities No Location ID

Name: Billings 18H SWNW Number: Facilities

County: WELD

Qtr Qtr: SWNW Section: 18 Township: 3N Range: 68W Meridian: 6

Latitude: 40.225410 Longitude: -105.053070

Flowline Start Point Riser

Latitude: 40.226321 Longitude -105.052814 PDOP: 4.9 Measurement Date: 09/09/2019

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: 09/03/2014

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229333 Longitude: -105.054123 PDOP: 1.2 Measurement Date: 09/09/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 434020 Location Type: Production Facilities No Location ID

Name: Billings 18H SWNW Number: Facilities

County: WELD

Qtr Qtr: SWNW Section: 18 Township: 3N Range: 68W Meridian: 6
Latitude: 40.225410 Longitude: -105.053070

Flowline Start Point Riser

Latitude: 40.226321 Longitude -105.052814 PDOP: 4.9 Measurement Date: 09/09/2019
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: 09/03/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229357 Longitude: -105.054096 PDOP: 1.6 Measurement Date: 09/09/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 434020 Location Type: Production Facilities No Location ID
Name: Billings 18H SWNW Number: Facilities
County: WELD
Qtr Qtr: SWNW Section: 18 Township: 3N Range: 68W Meridian: 6
Latitude: 40.225410 Longitude: -105.053070

Flowline Start Point Riser

Latitude: 40.226321 Longitude -105.052814 PDOP: 4.9 Measurement Date: 09/09/2019
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: 09/03/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229194 Longitude: -105.054091 PDOP: 2.1 Measurement Date: 09/09/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 434020 Location Type: Production Facilities No Location ID

Name: Billings 18H SWNW Number: Facilities

County: WELD

Qtr Qtr: SWNW Section: 18 Township: 3N Range: 68W Meridian: 6

Latitude: 40.225410 Longitude: -105.053070

Flowline Start Point Riser

Latitude: 40.226321 Longitude -105.052814 PDOP: 4.9 Measurement Date: 09/09/2019

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: 09/03/2014

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.229312 Longitude: -105.054100 PDOP: 1.2 Measurement Date: 09/09/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 434020 Location Type: Production Facilities No Location ID

Name: Billings 18H SWNW Number: Facilities

County: WELD

Qtr Qtr: SWNW Section: 18 Township: 3N Range: 68W Meridian: 6

Latitude: 40.225410 Longitude: -105.053070

Flowline Start Point Riser

Latitude: 40.226321 Longitude -105.052814 PDOP: 4.9 Measurement Date: 09/09/2019

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: 09/03/2014

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Billings 2A-18H Supply Gas. 12336531_IA. registration
Billings 2B-18H Supply Gas. 12336528_IA. registration
Billings 2C-18H Supply Gas. 12336530_IA. registration
Billings 2D-18H Supply Gas. 12336526_IA. registration
Billings 2E-18H Supply Gas. 12336527_IA. registration
Billings 2F-18H Supply Gas. 12336529_IA. registration
Billings 2G-18H Supply Gas. 12336545_IA. registration
Billings 2H-18H Supply Gas. 12336525_IA. registration

Billings 2G-18H Supply Gas 12336545_IA
Billings 2H-18H Supply Gas 12336525_IA

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/21/2019 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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files