

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: 402215185

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: 432004 Location Type: Well Site Name: Billings Number: 18H-L368 County: WELD Qtr Qtr: NWSW Section: 18 Township: 3N Range: 68W Meridian: 6 Latitude: 40.222649 Longitude: -105.051741

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.222676 Longitude: -105.051775 PDOP: 1.5 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: 40.225791 Longitude: -105.052198 PDOP: 1.3 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: 03/27/2015
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: 40.222616 Longitude: -105.051756 PDOP: 2.6 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: 40.225791 Longitude -105.052198 PDOP: 1.3 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: 03/27/2015
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: 40.222532 Longitude: -105.051756 PDOP: 1.5 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: 40.225791 Longitude -105.052198 PDOP: 1.3 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: 03/27/2015

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: 40.222556 Longitude: -105.051761 PDOP: 2.6 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: 40.225791 Longitude -105.052198 PDOP: 1.3 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: 03/27/2015

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: 40.222697 Longitude: -105.051769 PDOP: 1.5 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: 40.225791 Longitude -105.052198 PDOP: 1.3 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: 03/27/2015
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: 40.222595 Longitude: -105.051752 PDOP: 2.6 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: 40.225791 Longitude -105.052198 PDOP: 1.3 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: 03/27/2015
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: 40.222722 Longitude: -105.051771 PDOP: 1.5 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: 40.225791 Longitude -105.052198 PDOP: 1.3 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: 03/27/2015

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: 40.222648 Longitude: -105.051767 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: 40.225791 Longitude -105.052198 PDOP: 1.3 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: 03/27/2015

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments

Billings 3A-18H-L368 Supply Gas. 12336983_IA. registration
Billings 3B-18H-L368 Supply Gas. 12336982_IA. registration
Billings 3C-18H-L368 Supply Gas. 12336984_IA. registration
Billings 3D-18H-L368 Supply Gas. 12336890_IA. registration
Billings 3E-18H-L368 Supply Gas. 12336889_IA. registration
Billings 3F-18H-L368 Supply Gas. 12336891_IA. registration
Billings 3G-18H-L368 Supply Gas. 12336893_IA. registration
Billings 3H-18H-L368 Supply Gas. 12336892_IA. registration

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

Signed: _____ Date: 10/21/2019 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

Att Doc Num **Name**

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

Total Attach: 0 Files