



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: 433811 Location Type: Well Site Name: Boyd Number: 19H-M368 County: WELD Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6 Latitude: 40.206520 Longitude: -105.052980

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.206546 Longitude: -105.052955 PDOP: 2.6 Measurement Date: 09/09/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433811 Location Type: Production Facilities [] No Location ID Name: Boyd Number: 19H-M368 County: WELD Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6 Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206855 Longitude: -105.052076 PDOP: 1.1 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: 10/15/2014
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: 40.206518 Longitude: -105.052946 PDOP: 2.6 Measurement Date: 09/09/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433811 Location Type: Production Facilities No Location ID
Name: Boyd Number: 19H-M368
County: WELD
Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6
Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206855 Longitude -105.052076 PDOP: 1.1 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: 10/15/2014
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: 40.206441 Longitude: -105.052955 PDOP: 1.2 Measurement Date: 09/09/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433811 Location Type: Production Facilities No Location ID
Name: Boyd Number: 19H-M368
County: WELD
Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6
Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206855 Longitude -105.052076 PDOP: 1.1 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: 10/15/2014

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: 40.206465 Longitude: -105.052957 PDOP: 1.1 Measurement Date: 09/09/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433811 Location Type: Production Facilities No Location ID

Name: Boyd Number: 19H-M368

County: WELD

Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6

Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206855 Longitude -105.052076 PDOP: 1.1 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: 10/15/2014

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: 40.206492 Longitude: -105.052957 PDOP: 1.1 Measurement Date: 09/09/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433811 Location Type: Production Facilities No Location ID

Name: Boyd Number: 19H-M368

County: WELD

Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6
Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206855 Longitude -105.052076 PDOP: 1.1 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: 10/15/2014
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: 40.206570 Longitude: -105.052972 PDOP: 2.6 Measurement Date: 09/09/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433811 Location Type: Production Facilities No Location ID
Name: Boyd Number: 19H-M368
County: WELD
Qtr Qtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6
Latitude: 40.206520 Longitude: -105.052980

Flowline Start Point Riser

Latitude: 40.206855 Longitude -105.052076 PDOP: 1.1 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: 10/15/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Boyd 3B-19H Supply Gas. 12337793_IA. registration
Boyd 3C-19H Supply Gas. 12337795_IA. registration
Boyd 3D-19H Supply Gas . 12337796_IA. registration
Boyd 3E-19H Supply Gas. 12337792_IA. registration
Boyd 3F-19H Supply Gas. 12337797_IA. registration
Boyd 3G-19H Supply Gas. 12337794_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