

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:

10/16/2019

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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 No

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 432018 Location Type: Production Facilities
Name: Mathews Number: 14H Facilities
County: WELD
Qtr Qtr: SWSE Section: 14 Township: 1N Range: 66W Meridian: 6
Latitude: 40.046130 Longitude: -104.739980

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.046099 Longitude: -104.739264 PDOP: 4.8 Measurement Date: 07/15/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 431883 Location Type: _____ Well Site No Location ID
Name: Mathews SESE Number: 4E-14H-1N-66W
County: WELD
Qtr Qtr: SESE Section: 14 Township: 1N Range: 66W Meridian: 6
Latitude: 40.045290 Longitude: -104.737350

Flowline Start Point Riser

Latitude: 40.045311 Longitude: -104.737350 PDOP: 1.5 Measurement Date: 07/15/2019
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: 10/17/2013
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Mathews 4E-14H. 12336838_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: 10/16/2019 Email: costin.mcqueen@crestonepr.com

Print Name: Costin McQueen Title: Contractor

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