

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: 402215833

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: 433501 Location Type: Well Site Name: Frederiksen Number: 28H-A368 County: WELD Qtr Qtr: NENE Section: 28 Township: 3N Range: 68W Meridian: 6 Latitude: 40.202000 Longitude: -104.999340

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.202036 Longitude: -104.999370 PDOP: 1.2 Measurement Date: 09/13/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433579 Location Type: Production Facilities [] No Location ID Name: Frederiksen Facilities Number: A368 & H368 County: WELD Qtr Qtr: NENE Section: 28 Township: 3N Range: 68W Meridian: 6 Latitude: 40.203500 Longitude: -104.999790

Flowline Start Point Riser

Latitude: 40.202684 Longitude: -104.999349 PDOP: 1.3 Measurement Date: 09/13/2019 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: 08/12/2014
 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: 40.201945 Longitude: -104.999361 PDOP: 1.8 Measurement Date: 09/13/2019
 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433579 Location Type: Production Facilities No Location ID
 Name: Frederiksen Facilities Number: A368 & H368
 County: WELD
 Qtr Qtr: NENE Section: 28 Township: 3N Range: 68W Meridian: 6
 Latitude: 40.203500 Longitude: -104.999790

Flowline Start Point Riser

Latitude: 40.202684 Longitude -104.999349 PDOP: 1.3 Measurement Date: 09/13/2019
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 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: 08/12/2014
 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: 40.201912 Longitude: -104.999360 PDOP: 1.6 Measurement Date: 09/13/2019
 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433579 Location Type: Production Facilities No Location ID
 Name: Frederiksen Facilities Number: A368 & H368
 County: WELD
 Qtr Qtr: NENE Section: 28 Township: 3N Range: 68W Meridian: 6
 Latitude: 40.203500 Longitude: -104.999790

Flowline Start Point Riser

Latitude: 40.202684 Longitude -104.999349 PDOP: 1.3 Measurement Date: 09/13/2019

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: 08/12/2014

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: 40.201993 Longitude: -104.999351 PDOP: 3.2 Measurement Date: 09/13/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433579 Location Type: Production Facilities No Location ID

Name: Frederiksen Facilities Number: A368 & H368

County: WELD

Qtr Qtr: NENE Section: 28 Township: 3N Range: 68W Meridian: 6

Latitude: 40.203500 Longitude: -104.999790

Flowline Start Point Riser

Latitude: 40.202684 Longitude -104.999349 PDOP: 1.3 Measurement Date: 09/13/2019

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: 08/12/2014

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: 40.202047 Longitude: -104.999363 PDOP: 1.2 Measurement Date: 09/13/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433579 Location Type: Production Facilities No Location ID

Name: Frederiksen Facilities Number: A368 & H368

County: WELD

Qtr Qtr: NENE Section: 28 Township: 3N Range: 68W Meridian: 6
Latitude: 40.203500 Longitude: -104.999790

Flowline Start Point Riser

Latitude: 40.202684 Longitude -104.999349 PDOP: 1.3 Measurement Date: 09/13/2019
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: 08/12/2014
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: 40.201947 Longitude: -104.999361 PDOP: 3.2 Measurement Date: 09/13/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433579 Location Type: Production Facilities No Location ID
Name: Frederiksen Facilities Number: A368 & H368
County: WELD
Qtr Qtr: NENE Section: 28 Township: 3N Range: 68W Meridian: 6
Latitude: 40.203500 Longitude: -104.999790

Flowline Start Point Riser

Latitude: 40.202684 Longitude -104.999349 PDOP: 1.3 Measurement Date: 09/13/2019
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: 08/12/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Frederiksen 1A-28H-A368 Supply Gas 12337663_IA registration Frederiksen 1B-28H-A368 Supply Gas 12337664_IA registration Frederiksen 1C-28H-A368 Supply Gas 12337661_IA registration Frederiksen 1D-28H-A368 Supply Gas 12337666_IA registration Frederiksen 1E-28H-A368 Supply Gas 12337665_IA registration Frederiksen 1F-28H-A368 Supply Gas 12337662_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: 10/21/2019 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