

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: 10/30/2019 Document Number: 402225129

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: 336366 Location Type: Production Facilities Name: SALISBURY Number: 14-11 County: WELD Qtr Qtr: SWSW Section: 11 Township: 2N Range: 68W Meridian: 6 Latitude: 40.149395 Longitude: -104.976291

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.149295 Longitude: -104.976773 PDOP: 1.0 Measurement Date: 04/15/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336366 Location Type: Well Site [ ] No Location ID Name: SALISBURY Number: 14-11 County: WELD Qtr Qtr: SWSW Section: 11 Township: 2N Range: 68W Meridian: 6 Latitude: 40.149395 Longitude: -104.976291

Flowline Start Point Riser

Latitude: 40.149396 Longitude: -104.976293 PDOP: 1.0 Measurement Date: 04/15/2019 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: 10/05/2007  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.149295 Longitude: -104.976741 PDOP: 1.6 Measurement Date: 04/15/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336366 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: SALISBURY Number: 14-11  
County: WELD  
Qtr Qtr: SWSW Section: 11 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.149395 Longitude: -104.976291

**Flowline Start Point Riser**

Latitude: 40.149347 Longitude -104.976280 PDOP: 1.0 Measurement Date: 04/15/2019  
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: 11/30/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.149298 Longitude: -104.976742 PDOP: 1.6 Measurement Date: 04/15/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336366 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: SALISBURY Number: 14-11  
County: WELD  
Qtr Qtr: SWSW Section: 11 Township: 2N Range: 68W Meridian: 6  
Latitude: 40.149395 Longitude: -104.976291

**Flowline Start Point Riser**

Latitude: 40.149379 Longitude -104.976288 PDOP: 1.0 Measurement Date: 04/15/2019

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: 10/26/1976

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.149253 Longitude: -104.976753 PDOP: 2.1 Measurement Date: 04/15/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336366 Location Type: Well Site  No Location ID

Name: SALISBURY Number: 14-11

County: WELD

Qtr Qtr: SWSW Section: 11 Township: 2N Range: 68W Meridian: 6

Latitude: 40.149395 Longitude: -104.976291

**Flowline Start Point Riser**

Latitude: 40.149441 Longitude -104.976282 PDOP: 1.1 Measurement Date: 04/15/2019

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: 10/06/2011

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

Salisbury 2-4-11 12331924\_FL. Registration  
Salisbury 13-11 12326243\_FL. Registration  
Salisbury 14-11 12331926\_FL. Registration  
Salisbury 1 12308614\_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: 10/30/2019 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**

| <b><u>Att Doc Num</u></b> | <b><u>Name</u></b> |
|---------------------------|--------------------|
|                           |                    |

Total Attach: 0 Files