

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: 402226876

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) 774-4017 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 (CO811) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 458550 Location Type: Production Facilities Name: Godding Gulch 12-26 Number: 062020183 County: WELD Qtr Qtr: SWNW Section: 26 Township: 2N Range: 68W Meridian: 6 Latitude: 40.111128 Longitude: -104.975389

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473319 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.110843 Longitude: -104.975445 PDOP: 3.1 Measurement Date: 05/28/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336474 Location Type: Well Site [] No Location ID Name: GODDING GULCH-62N68W Number: 26SENV County: WELD Qtr Qtr: SENW Section: 26 Township: 2N Range: 68W Meridian: 6 Latitude: 40.111117 Longitude: -104.973616

Flowline Start Point Riser

Latitude: 40.111130 Longitude: -104.973467 PDOP: 2.6 Measurement Date: 05/28/2019 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: 01/09/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473320 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.110831 Longitude: -104.975448 PDOP: 3.1 Measurement Date: 05/28/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336474 Location Type: _____ Well Site No Location ID
Name: GODDING GULCH-62N68W Number: 26SEW
County: WELD
Qtr Qtr: SEW Section: 26 Township: 2N Range: 68W Meridian: 6
Latitude: 40.111117 Longitude: -104.973616

Flowline Start Point Riser

Latitude: 40.111149 Longitude -104.973390 PDOP: 2.8 Measurement Date: 05/28/2019
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: 03/19/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Operator Flowline ID: 12322608_FL Godding Gulch 21-26 Flowline Registration
Operator Flowline ID: 12321685_FL Godding Gulch 22-26 Flowline 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: Schuyler.Hamilton@Crestonepr.com
Print Name: Schuyler Hamilton Title: EHS Field Technician

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: 3/13/2020

Attachment Check List

Att Doc Num **Name**

402226876	Form44 Submitted
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Total Attach: 1 Files