

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: 10/31/2019 Document Number: 402227710

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: 332747 Location Type: Production Facilities Name: ARISTOCRAT ANGUS-63N65W Number: 10NWNE County: WELD Qtr Qtr: NWNE Section: 10 Township: 3N Range: 65W Meridian: 6 Latitude: 40.245116 Longitude: -104.647327

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.245143 Longitude: -104.646634 PDOP: 4.5 Measurement Date: 07/30/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332747 Location Type: Well Site [] No Location ID Name: ARISTOCRAT ANGUS-63N65W Number: 10NWNE County: WELD Qtr Qtr: NWNE Section: 10 Township: 3N Range: 65W Meridian: 6 Latitude: 40.245116 Longitude: -104.647327

Flowline Start Point Riser

Latitude: 40.245147 Longitude: -104.647349 PDOP: 2.0 Measurement Date: 07/30/2019 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: 11/08/2004
 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: 40.245140 Longitude: -104.646680 PDOP: 3.4 Measurement Date: 07/30/2019
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332747 Location Type: _____ Well Site No Location ID
 Name: ARISTOCRAT ANGUS-63N65W Number: 10NWNE
 County: WELD
 Qtr Qtr: NWNE Section: 10 Township: 3N Range: 65W Meridian: 6
 Latitude: 40.245116 Longitude: -104.647327

Flowline Start Point Riser

Latitude: 40.245122 Longitude -104.647317 PDOP: 5.0 Measurement Date: 07/30/2019
 :
 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: 12/23/2004
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Aristocrat Angus 1-10 12322387_FL registration
Aristocrat Angus 5-2-10 12322374_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: 10/31/2019 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