

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: 402228548

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: 332743 Location Type: Well Site Name: ARISTOCRAT ANGUS-63N65W Number: 10SENE County: WELD Qtr Qtr: SENE Section: 10 Township: 3N Range: 65W Meridian: 6 Latitude: 40.241897 Longitude: -104.640806

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473341 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.241960 Longitude: -104.640762 PDOP: Measurement Date: 08/05/2019 Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 332743 Location Type: Well Site [ ] No Location ID Name: ARISTOCRAT ANGUS-63N65W Number: 10SENE County: WELD Qtr Qtr: SENE Section: 10 Township: 3N Range: 65W Meridian: 6 Latitude: 40.241897 Longitude: -104.640806

Flowline Start Point Riser

Latitude: 40.241890 Longitude: -104.640858 PDOP: Measurement Date: 08/05/2019 Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Condensate Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 03/24/1993  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 473342 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.241960 Longitude: -104.640762 PDOP: \_\_\_\_\_ Measurement Date: 08/05/2019  
Equipment at End Point Riser: Manifold

**Flowline Start Point Location Identification**

Location ID: 332743 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: ARISTOCRAT ANGUS-63N65W Number: 10SENE  
County: WELD  
Qtr Qtr: SENE Section: 10 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.241897 Longitude: -104.640806

**Flowline Start Point Riser**

Latitude: 40.241978 Longitude -104.640879 PDOP: \_\_\_\_\_ Measurement Date: 08/05/2019  
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: 05/11/2010  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

Operator ID: 12316673\_FL\_1 Aristocrat Angus 42-10 Flowline Registration  
Operator ID: 12323015\_FL Aristocrat Angus 7-2-10 Flowline Registration  
  
Both flowlines combine into a commingled section of line that runs to the separator. Filed under Operator ID:  
12316673\_FL, Document #402221967

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: 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**

402228548	Form44 Submitted
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Total Attach: 1 Files