

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:
10/22/2019
Document Number:
402216973

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 No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 433796 Location Type: Well Site
Name: Lochbuie Number: 31H-D165
County: WELD
Qtr Qtr: NWNW Section: 31 Township: 1N Range: 65W Meridian: 6
Latitude: 40.014080 Longitude: -104.712090

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.014066 Longitude: -104.712017 PDOP: 4.7 Measurement Date: 09/11/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433799 Location Type: Production Facilities No Location ID
Name: Lochbuie Facilities Number: 31H-D165
County: WELD
Qtr Qtr: NENW Section: 31 Township: 1N Range: 65W Meridian: 6
Latitude: 40.012200 Longitude: -104.710070

Flowline Start Point Riser

Latitude: 40.011752 Longitude: -104.709994 PDOP: 1.1 Measurement Date: 09/11/2019
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: 05/29/2014
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: 40.014068 Longitude: -104.712125 PDOP: 3.9 Measurement Date: 09/11/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433799 Location Type: Production Facilities No Location ID
Name: Lochbuie Facilities Number: 31H-D165
County: WELD
Qtr Qtr: NENW Section: 31 Township: 1N Range: 65W Meridian: 6
Latitude: 40.012200 Longitude: -104.710070

Flowline Start Point Riser

Latitude: 40.011752 Longitude -104.709994 PDOP: 1.1 Measurement Date: 09/11/2019
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: 05/29/2014
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: 40.014069 Longitude: -104.711995 PDOP: 4.7 Measurement Date: 09/11/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433799 Location Type: Production Facilities No Location ID
Name: Lochbuie Facilities Number: 31H-D165
County: WELD
Qtr Qtr: NENW Section: 31 Township: 1N Range: 65W Meridian: 6
Latitude: 40.012200 Longitude: -104.710070

Flowline Start Point Riser

Latitude: 40.011752 Longitude -104.709994 PDOP: 1.1 Measurement Date: 09/11/2019

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: 05/29/2014

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: 40.014085 Longitude: -104.712073 PDOP: 4.2 Measurement Date: 09/11/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433799 Location Type: Production Facilities No Location ID

Name: Lochbuie Facilities Number: 31H-D165

County: WELD

Qtr Qtr: NENW Section: 31 Township: 1N Range: 65W Meridian: 6

Latitude: 40.012200 Longitude: -104.710070

Flowline Start Point Riser

Latitude: 40.011752 Longitude -104.709994 PDOP: 1.1 Measurement Date: 09/11/2019

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: 05/29/2014

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: 40.014092 Longitude: -104.711962 PDOP: 4.7 Measurement Date: 09/11/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433799 Location Type: Production Facilities No Location ID

Name: Lochbuie Facilities Number: 31H-D165

County: WELD

Qtr Qtr: NENW Section: 31 Township: 1N Range: 65W Meridian: 6
Latitude: 40.012200 Longitude: -104.710070

Flowline Start Point Riser

Latitude: 40.011752 Longitude -104.709994 PDOP: 1.1 Measurement Date: 09/11/2019
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: 05/29/2014
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: 40.014057 Longitude: -104.712198 PDOP: 3.1 Measurement Date: 09/11/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433799 Location Type: Production Facilities No Location ID
Name: Lochbuie Facilities Number: 31H-D165
County: WELD
Qtr Qtr: NENW Section: 31 Township: 1N Range: 65W Meridian: 6
Latitude: 40.012200 Longitude: -104.710070

Flowline Start Point Riser

Latitude: 40.011752 Longitude -104.709994 PDOP: 1.1 Measurement Date: 09/11/2019
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: 05/29/2014
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: 40.014068 Longitude: -104.712106 PDOP: 3.9 Measurement Date: 09/11/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433799 Location Type: Production Facilities No Location ID

Name: Lochbuie Facilities Number: 31H-D165

County: WELD

Qtr Qtr: NENW Section: 31 Township: 1N Range: 65W Meridian: 6

Latitude: 40.012200 Longitude: -104.710070

Flowline Start Point Riser

Latitude: 40.011752 Longitude -104.709994 PDOP: 1.1 Measurement Date: 09/11/2019

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: 05/29/2014

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: 40.014074 Longitude: -104.712192 PDOP: 3.9 Measurement Date: 09/11/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 433799 Location Type: Production Facilities No Location ID

Name: Lochbuie Facilities Number: 31H-D165

County: WELD

Qtr Qtr: NENW Section: 31 Township: 1N Range: 65W Meridian: 6

Latitude: 40.012200 Longitude: -104.710070

Flowline Start Point Riser

Latitude: 40.011752 Longitude -104.709994 PDOP: 1.1 Measurement Date: 09/11/2019

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: 05/29/2014

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Lochbuie 2A-31H-D165 Supply Gas 12337787_IA registration
Lochbuie 2B-31H-D165 Supply Gas 12337789_IA registration
Lochbuie 2C-31H-D165 Supply Gas 12337790_IA registration
Lochbuie 2D-31H-D165 Supply Gas 12337786_IA registration
Lochbuie 2E-31H-D165 Supply Gas 12337784_IA registration
Lochbuie 2F-31H-D165 Supply Gas 12337785_IA registration
Lochbuie 2G-31H-D165 Supply Gas 12337788_IA registration
Lochbuie 2H-31H-D165 Supply Gas 12338169_IA registration

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/22/2019 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
402216995	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files