

State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/22/2019

Document Number:

402217040

## 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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

## OFF LOCATION FLOWLINE

## FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 311413 Location Type: Well Site  
Name: HSR-ARISTOCRAT-62N66W Number: 28SESE  
County: WELD  
Qtr Qtr: SESE Section: 28 Township: 2N Range: 66W Meridian: 6  
Latitude: 40.103130 Longitude: -104.774530

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473404 Flowline Type: Process Piping Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.103248 Longitude: -104.774523 PDOP: 1.0 Measurement Date: 09/10/2019  
Equipment at End Point Riser: Well

## Flowline Start Point Location Identification

Location ID: 433030 Location Type: Production Facilities ☐ No Location ID  
Name: Maier 28H-266 Number: Facilities  
County: WELD  
Qtr Qtr: SESE Section: 28 Township: 2N Range: 66W Meridian: 6  
Latitude: 40.105180 Longitude: -104.777890

## Flowline Start Point Riser

Latitude: 40.105192 Longitude: -104.776315 PDOP: 1.1 Measurement Date: 09/10/2019  
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: 11/13/2013  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 473405 Flowline Type: Process Piping Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.103244 Longitude: -104.774488 PDOP: 0.9 Measurement Date: 09/10/2019  
Equipment at End Point Riser: Well

**Flowline Start Point Location Identification**

Location ID: 433030 Location Type: Production Facilities ☐ No Location ID  
Name: Maier 28H-266 Number: Facilities  
County: WELD  
Qtr Qtr: SESE Section: 28 Township: 2N Range: 66W Meridian: 6  
Latitude: 40.105180 Longitude: -104.777890

**Flowline Start Point Riser**

Latitude: 40.105192 Longitude: -104.776315 PDOP: 1.1 Measurement Date: 09/10/2019  
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: 11/13/2013  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments Maier 4C-28H Supply Gas 12337431\_IA registration  
Maier 4D-28H Supply Gas 12337430\_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: 3/16/2020

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
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402217040	Form44 Submitted
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402217065	FLOWLINE LAYOUT DRAWING
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Total Attach: 2 Files