

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:

402217278

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: 437930 Location Type: Well Site
Name: Newnam Number: 32H-C264
County: WELD
Qtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6
Latitude: 40.101467 Longitude: -104.578526

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.101481 Longitude: -104.578391 PDOP: 5.0 Measurement Date: 09/10/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 437930 Location Type: Production Facilities ☐ No Location ID
Name: Newnam Number: 32H-C264
County: WELD
Qtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6
Latitude: 40.101467 Longitude: -104.578526

Flowline Start Point Riser

Latitude: 40.101418 Longitude: -104.579677 PDOP: 1.3 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: 05/27/2015
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: 40.101482 Longitude: -104.578566 PDOP: 3.8 Measurement Date: 09/10/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 437930 Location Type: Production Facilities ☐ No Location ID
Name: Newnam Number: 32H-C264
County: WELD
Qtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6
Latitude: 40.101467 Longitude: -104.578526

Flowline Start Point Riser

Latitude: 40.101418 Longitude: -104.579677 PDOP: 1.3 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: 05/27/2015
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: 40.101488 Longitude: -104.578319 PDOP: 1.4 Measurement Date: 09/10/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 437930 Location Type: Production Facilities ☐ No Location ID
Name: Newnam Number: 32H-C264
County: WELD
Qtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6
Latitude: 40.101467 Longitude: -104.578526

Flowline Start Point Riser

Latitude: 40.101418 Longitude -104.579677 PDOP: 1.3 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: 05/27/2015

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: 40.101492 Longitude: -104.578681 PDOP: 1.0 Measurement Date: 09/10/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 437930 Location Type: Production Facilities ☐ No Location ID

Name: Newnam Number: 32H-C264

County: WELD

Qtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6

Latitude: 40.101467 Longitude: -104.578526

Flowline Start Point Riser

Latitude: 40.101418 Longitude -104.579677 PDOP: 1.3 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: 05/27/2015

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: 40.101482 Longitude: -104.578487 PDOP: 5.1 Measurement Date: 09/10/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 437930 Location Type: Production Facilities ☐ No Location ID

Name: Newnam Number: 32H-C264

County: WELD

Qtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6
Latitude: 40.101467 Longitude: -104.578526

Flowline Start Point Riser

Latitude: 40.101418 Longitude -104.579677 PDOP: 1.3 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: 05/27/2015

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: 40.101472 Longitude: -104.578638 PDOP: 1.0 Measurement Date: 09/10/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 437930 Location Type: Production Facilities ☐ No Location ID

Name: Newnam Number: 32H-C264

County: WELD

Qtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6

Latitude: 40.101467 Longitude: -104.578526

Flowline Start Point Riser

Latitude: 40.101418 Longitude -104.579677 PDOP: 1.3 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: 05/27/2015

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: 40.101480 Longitude: -104.578380 PDOP: 5.0 Measurement Date: 09/10/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 437930 Location Type: Production Facilities ☐ No Location ID
Name: Newnam Number: 32H-C264
County: WELD
Qtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6
Latitude: 40.101467 Longitude: -104.578526

Flowline Start Point Riser

Latitude: 40.101418 Longitude -104.579677 PDOP: 1.3 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: 05/27/2015
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: 40.101477 Longitude: -104.578455 PDOP: 5.1 Measurement Date: 09/10/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 437930 Location Type: Production Facilities ☐ No Location ID
Name: Newnam Number: 32H-C264
County: WELD
Qtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6
Latitude: 40.101467 Longitude: -104.578526

Flowline Start Point Riser

Latitude: 40.101418 Longitude -104.579677 PDOP: 1.3 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: 05/27/2015
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: 40.101485 Longitude: -104.578602 PDOP: 2.7 Measurement Date: 09/10/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 437930 Location Type: Production Facilities ☐ No Location ID

Name: Newnam Number: 32H-C264

County: WELD

Qtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6

Latitude: 40.101467 Longitude: -104.578526

Flowline Start Point Riser

Latitude: 40.101418 Longitude: -104.579677 PDOP: 1.3 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: 05/27/2015

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: 40.101491 Longitude: -104.578702 PDOP: 1.0 Measurement Date: 09/10/2019

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 437930 Location Type: Production Facilities ☐ No Location ID

Name: Newnam Number: 32H-C264

County: WELD

Qtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6

Latitude: 40.101467 Longitude: -104.578526

Flowline Start Point Riser

Latitude: 40.101418 Longitude: -104.579677 PDOP: 1.3 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: 05/27/2015

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: _____ Flowline Type: Process Piping Action Type: Registration**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.101480 Longitude: -104.578428 PDOP: 1.1 Measurement Date: 09/10/2019Equipment at End Point Riser: Well**Flowline Start Point Location Identification**Location ID: 437930 Location Type: Production Facilities ☐ No Location IDName: Newnam Number: 32H-C264County: WELDQtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6Latitude: 40.101467 Longitude: -104.578526**Flowline Start Point Riser**Latitude: 40.101418 Longitude: -104.579677 PDOP: 1.3 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) 1.000Bedding Material: _____ Date Construction Completed: 05/27/2015

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

Test Date: _____

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: _____ Flowline Type: Process Piping Action Type: Registration**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**Latitude: 40.101480 Longitude: -104.578537 PDOP: 5.1 Measurement Date: 09/10/2019Equipment at End Point Riser: Well**Flowline Start Point Location Identification**Location ID: 437930 Location Type: Production Facilities ☐ No Location IDName: Newnam Number: 32H-C264County: WELDQtr Qtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6Latitude: 40.101467 Longitude: -104.578526**Flowline Start Point Riser**Latitude: 40.101418 Longitude: -104.579677 PDOP: 1.3 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) 1.00005/27/2015

Bedding Material:

Date Construction Completed:

Maximum Anticipated Operating Pressure (PSI): _____

Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Newnam 2A-32H C264 Supply Gas 12339775_IA registration
Newnam 2B-32H C264 Supply Gas 12339773_IA registration
Newnam 2C-32H C264 Supply Gas 12339774_IA registration
Newnam 2D-32H C264 Supply Gas 12339777_IA registration
Newnam 2E-32H C264 Supply Gas 12339776_IA registration
Newnam 2F-32H C264 Supply Gas 12339778_IA registration
Newnam 2G-32H C264 Supply Gas 12339781_IA registration
Newnam 2H-32H C264 Supply Gas 12339772_IA registration
Newnam 2I-32H C264 Supply Gas 12339780_IA registration
Newnam 2J-32H C264 Supply Gas 12339779_IA registration
Newnam 2K-32H C264 Supply Gas 12340228_IA registration
Newnam 2L-32H C264 Supply Gas 12340288_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

402217301

FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files