

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:

10/23/2019

Document Number:

402218085

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: 330754 Location Type: Well Site
Name: Sheley Number: 4H-M267
County: WELD
Qtr Qtr: SWSW Section: 4 Township: 2N Range: 67W Meridian: 6
Latitude: 40.162152 Longitude: -104.901443

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.162015 Longitude: -104.901473 PDOP: 3.6 Measurement Date: 09/12/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 318143 Location Type: Production Facilities ☐ No Location ID
Name: SHELEY 62N67W Number: 4NESW
County: WELD
Qtr Qtr: NESW Section: 4 Township: 2N Range: 67W Meridian: 6
Latitude: 40.163930 Longitude: -104.899390

Flowline Start Point Riser

Latitude: 40.163474 Longitude: -104.899487 PDOP: 1.2 Measurement Date: 09/12/2019
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: 02/20/2013
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: 40.162044 Longitude: -104.901470 PDOP: 3.2 Measurement Date: 09/12/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 318143 Location Type: Production Facilities ☐ No Location ID
Name: SHELEY 62N67W Number: 4NESW
County: WELD
Qtr Qtr: NESW Section: 4 Township: 2N Range: 67W Meridian: 6
Latitude: 40.163930 Longitude: -104.899390

Flowline Start Point Riser

Latitude: 40.163474 Longitude: -104.899487 PDOP: 1.2 Measurement Date: 09/12/2019
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: 02/20/2013
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Sheley 3A-4H Supply Gas 12334750_IA registration
Sheley 3B-4H Supply Gas 12334751_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: 10/23/2019 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

<u>Att Doc Num</u>	<u>Name</u>
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402218090	FLOWLINE LAYOUT DRAWING
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Total Attach: 1 Files