

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: 10/24/2019 Document Number: 402219750

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 318836 Location Type: Production Facilities Name: IONE Number: 62N66W/10SESE County: WELD Qtr Qtr: SESE Section: 10 Township: 2N Range: 66W Meridian: 6 Latitude: 40.149010 Longitude: -104.758723

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.149114 Longitude: -104.758475 PDOP: 1.9 Measurement Date: 08/29/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330969 Location Type: Well Site [ ] No Location ID Name: IONE Number: 2N66W/10SESE County: WELD Qtr Qtr: SESE Section: 10 Township: 2N Range: 66W Meridian: 6 Latitude: 40.146680 Longitude: -104.756120

Flowline Start Point Riser

Latitude: 40.146670 Longitude: -104.756287 PDOP: 2.1 Measurement Date: 08/29/2019 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: 09/27/2013  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.149118 Longitude: -104.758476 PDOP: 1.4 Measurement Date: 07/24/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 330969 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: IONE Number: 2N66W/10SESE  
County: WELD  
Qtr Qtr: SESE Section: 10 Township: 2N Range: 66W Meridian: 6  
Latitude: 40.146680 Longitude: -104.756120

**Flowline Start Point Riser**

Latitude: 40.146681 Longitude -104.756139 PDOP: 2.5 Measurement Date: 07/24/2019  
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: 04/07/2002  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.149115 Longitude: -104.758476 PDOP: 2.4 Measurement Date: 08/29/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 330969 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: IONE Number: 2N66W/10SESE  
County: WELD  
Qtr Qtr: SESE Section: 10 Township: 2N Range: 66W Meridian: 6  
Latitude: 40.146680 Longitude: -104.756120

**Flowline Start Point Riser**

Latitude: 40.146698 Longitude -104.756298 PDOP: 1.8 Measurement Date: 08/29/2019

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: 09/27/2013

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.149153 Longitude: -104.758517 PDOP: 3.9 Measurement Date: 08/29/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331474 Location Type: Well Site  No Location ID

Name: IONE-62N66W Number: 10SWSE

County: WELD

Qtr Qtr: SWSE Section: 10 Township: 2N Range: 66W Meridian: 6

Latitude: 40.146567 Longitude: -104.761759

**Flowline Start Point Riser**

Latitude: 40.146707 Longitude -104.761654 PDOP: 4.0 Measurement Date: 08/29/2019

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: 04/13/2002

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.149153 Longitude: -104.758513 PDOP: 4.0 Measurement Date: 08/29/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331538 Location Type: Well Site  No Location ID

Name: IONE-62N66W Number: 10NWSE

County: WELD

Qtr Qtr: NWSE Section: 10 Township: 2N Range: 66W Meridian: 6  
Latitude: 40.151237 Longitude: -104.761709

**Flowline Start Point Riser**

Latitude: 40.151299 Longitude -104.761674 PDOP: 3.4 Measurement Date: 08/29/2019  
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: 05/07/2003  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.149155 Longitude: -104.758508 PDOP: 5.9 Measurement Date: 07/24/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 330844 Location Type: Well Site  No Location ID  
Name: IONE-62N66W Number: 10NESE  
County: WELD  
Qtr Qtr: NESE Section: 10 Township: 2N Range: 66W Meridian: 6  
Latitude: 40.151197 Longitude: -104.756279

**Flowline Start Point Riser**

Latitude: 40.151319 Longitude -104.756153 PDOP: 2.6 Measurement Date: 07/24/2019  
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: 10/22/2001  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

lone 43-10 12319749_FL registration lone 44-10 12319957_FL registration lone 6-8-10 12332354_FL registration lone 8-6-10 12332298_FL registration lone 33-10 12320869_FL registration lone 34-10 12320731_FL registration
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 10/24/2019 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>

Total Attach: 0 Files