

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:

10/03/2019

Document Number:

402197783

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: 405923 Location Type: Production Facilities
Name: BARCLAY CRISMAN-63N66W Number: 20SWSW
County: WELD
Qtr Qtr: SWSW Section: 20 Township: 3N Range: 66W Meridian: 6
Latitude: 40.206176 Longitude: -104.806461

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.206183 Longitude: -104.806851 PDOP: 2.9 Measurement Date: 07/10/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336271 Location Type: Well Site ☐ No Location ID
Name: BARCLAY CRISMAN-63N66W Number: 20SESW
County: WELD
Qtr Qtr: SESEW Section: 20 Township: 3N Range: 66W Meridian: 6
Latitude: 40.204754 Longitude: -104.803626

Flowline Start Point Riser

Latitude: 40.204851 Longitude: -104.803617 PDOP: 2.2 Measurement Date: 07/10/2019
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: 04/28/1998
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: 40.206181 Longitude: -104.806848 PDOP: 5.5 Measurement Date: 07/10/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330717 Location Type: _____ Well Site ☐ No Location ID
Name: BARCLAY CRISMAN-63N66W Number: 20NESW
County: WELD
Qtr Qtr: NESW Section: 20 Township: 3N Range: 66W Meridian: 6
Latitude: 40.208476 Longitude: -104.803501

Flowline Start Point Riser

Latitude: 40.208448 Longitude: -104.803706 PDOP: 5.7 Measurement Date: 07/10/2019
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: 02/22/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Barclay Crisman 23-20. 12319504_FL. registration
Barclay Crisman 24-20. 12319544_FL. registration

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/03/2019 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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Total Attach: 0 Files