

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: 10/03/2019 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 (CO811) that participates in Colorado's One Call notification system? Yes [X] 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: 473607 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: SESW 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: 473608 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: 3/17/2020

Attachment Check List

Att Doc Num **Name**

| | |
|-----------|------------------|
| 402197783 | Form44 Submitted |
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Total Attach: 1 Files