

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: 402197898

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: 319335 Location Type: Production Facilities Name: BEEBE DRAEW-64N65W Number: 26SWSW County: WELD Qtr Qtr: SWSW Section: 26 Township: 4N Range: 65W Meridian: 6 Latitude: 40.278726 Longitude: -104.636336

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.278526 Longitude: -104.636517 PDOP: 4.9 Measurement Date: 07/11/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332760 Location Type: Well Site [] No Location ID Name: BEEBE DRAW-64N65W Number: 26SWSW County: WELD Qtr Qtr: SWSW Section: 26 Township: 4N Range: 65W Meridian: 6 Latitude: 40.277420 Longitude: -104.638250

Flowline Start Point Riser

Latitude: 40.277413 Longitude: -104.638246 PDOP: 2.6 Measurement Date: 07/11/2019 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: 04/13/2007
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: 40.278565 Longitude: -104.636434 PDOP: 1.3 Measurement Date: 07/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332760 Location Type: _____ Well Site No Location ID
Name: BEEBE DRAW-64N65W Number: 26SWSW
County: WELD
Qtr Qtr: SWSW Section: 26 Township: 4N Range: 65W Meridian: 6
Latitude: 40.277420 Longitude: -104.638250

Flowline Start Point Riser

Latitude: 40.277339 Longitude -104.638344 PDOP: 4.2 Measurement Date: 07/11/2019
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: 03/26/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Beebe Draw 14-26. 12322011_FL. registration
Beebe Draw 2-8-26. 12324925_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

Att Doc Num **Name**

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|--------------------|
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Total Attach: 0 Files