

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: 10/04/2019 Document Number: 402200075

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) 774-4017 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: 429109 Location Type: Production Facilities Name: FLANIGAN 62N64W / 31 SWSW Number: 2A-6H BATTERY County: WELD Qtr Qtr: SWSW Section: 31 Township: 2N Range: 64W Meridian: 6 Latitude: 40.090410 Longitude: -104.602350

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.089761 Longitude: -104.602009 PDOP: 1.7 Measurement Date: 07/12/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429105 Location Type: Well Site [] No Location ID Name: FLANIGAN 61N64W / 6 NWNW Number: 2A-6H County: WELD Qtr Qtr: NWNW Section: 6 Township: 1N Range: 64W Meridian: 6 Latitude: 40.086740 Longitude: -104.599360

Flowline Start Point Riser

Latitude: 40.086768 Longitude: -104.599469 PDOP: 1.6 Measurement Date: 07/12/2019 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: 11/19/2012
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: 40.089682 Longitude: -104.601937 PDOP: 4.1 Measurement Date: 07/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429105 Location Type: _____ Well Site No Location ID
Name: FLANIGAN 61N64W / 6 NWNW Number: 2A-6H
County: WELD
Qtr Qtr: NWNW Section: 6 Township: 1N Range: 64W Meridian: 6
Latitude: 40.086740 Longitude: -104.599360

Flowline Start Point Riser

Latitude: 40.086768 Longitude -104.599382 PDOP: 2.7 Measurement Date: 07/12/2019
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: 11/19/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Operator Flowline ID: 12335694_FL Flanigan 2A-6H Flowline Registration
Operator Flowline ID: 12335691_FL Flanigan 2B-6H Flowline Registration

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/04/2019 Email: Schuyler.Hamilton@Crestonepr.com
Print Name: Schuyler Hamilton Title: EHS Field Technician

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>

Total Attach: 0 Files