

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: 10/10/2019 Document Number: 402205748

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: 336432 Location Type: Production Facilities Name: TWOMBLY-61N66W Number: 4NWSW County: WELD Qtr Qtr: NWSW Section: 4 Township: 1N Range: 66W Meridian: 6 Latitude: 40.079458 Longitude: -104.787209

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.079900 Longitude: -104.786671 PDOP: 3.2 Measurement Date: 07/15/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336432 Location Type: Well Site [ ] No Location ID Name: TWOMBLY-61N66W Number: 4NWSW County: WELD Qtr Qtr: NWSW Section: 4 Township: 1N Range: 66W Meridian: 6 Latitude: 40.079458 Longitude: -104.787209

Flowline Start Point Riser

Latitude: 40.079565 Longitude: -104.787112 PDOP: 3.4 Measurement Date: 07/15/2019 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: 07/02/2002  
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: 40.079895 Longitude: -104.786654 PDOP: 3.8 Measurement Date: 07/15/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336432 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: TWOMBLY-61N66W Number: 4NWSW  
County: WELD  
Qtr Qtr: NWSW Section: 4 Township: 1N Range: 66W Meridian: 6  
Latitude: 40.079458 Longitude: -104.787209

**Flowline Start Point Riser**

Latitude: 40.079559 Longitude -104.787027 PDOP: 3.0 Measurement Date: 07/15/2019  
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: 06/28/2002  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

Twombly 12-4. 12320841\_FL. registration  
Twombly 22-4. 12320842\_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: 10/10/2019 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**

Att Doc Num	Name

Total Attach: 0 Files