

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: 10/16/2019 Document Number: 402211495

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: 332735 Location Type: Production Facilities Name: HORN-LIBSACK-64N65W Number: 27NESE County: WELD Qtr Qtr: NESE Section: 27 Township: 4N Range: 65W Meridian: 6 Latitude: 40.280576 Longitude: -104.643447

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473656 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.280527 Longitude: -104.643872 PDOP: 4.4 Measurement Date: 07/11/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332674 Location Type: Well Site [] No Location ID Name: LIBSACK-64N65W Number: 27NESE County: WELD Qtr Qtr: NESE Section: 27 Township: 4N Range: 65W Meridian: 6 Latitude: 40.281970 Longitude: -104.642320

Flowline Start Point Riser

Latitude: 40.281966 Longitude: -104.642307 PDOP: 5.3 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: 12/26/2003
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473657 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.280500 Longitude: -104.643810 PDOP: 2.8 Measurement Date: 07/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332674 Location Type: _____ Well Site No Location ID
Name: LIBSACK-64N65W Number: 27NESE
County: WELD
Qtr Qtr: NESE Section: 27 Township: 4N Range: 65W Meridian: 6
Latitude: 40.281970 Longitude: -104.642320

Flowline Start Point Riser

Latitude: 40.281901 Longitude -104.642219 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: 11/03/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Libsack 43-27. 12321838_FL. registration
Libsack 8-6-27. 12324104_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: 10/16/2019 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**

402211495	Form44 Submitted
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Total Attach: 1 Files