

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: 402211451

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: 318839 Location Type: Production Facilities Name: IONE Number: 4-6-8 County: WELD Qtr Qtr: NESE Section: 8 Township: 2N Range: 66W Meridian: 6 Latitude: 40.149530 Longitude: -104.795180

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.149154 Longitude: -104.795969 PDOP: 4.0 Measurement Date: 07/22/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331754 Location Type: Well Site [] No Location ID Name: MASON-62N66W Number: 8SESE County: WELD Qtr Qtr: SESE Section: 8 Township: 2N Range: 66W Meridian: 6 Latitude: 40.146767 Longitude: -104.793310

Flowline Start Point Riser

Latitude: 40.146922 Longitude: -104.793382 PDOP: 2.4 Measurement Date: 07/22/2019 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: 01/23/2004
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: 40.149179 Longitude: -104.795970 PDOP: 1.7 Measurement Date: 07/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331494 Location Type: _____ Well Site No Location ID
Name: HERMAN-62N66W Number: 8NWSE
County: WELD
Qtr Qtr: NWSE Section: 8 Township: 2N Range: 66W Meridian: 6
Latitude: 40.150667 Longitude: -104.797950

Flowline Start Point Riser

Latitude: 40.150849 Longitude -104.798043 PDOP: 3.0 Measurement Date: 07/22/2019
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: 05/28/2002
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: 40.149431 Longitude: -104.795321 PDOP: 4.7 Measurement Date: 07/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318839 Location Type: _____ Well Site No Location ID
Name: IONE Number: 4-6-8
County: WELD
Qtr Qtr: NESE Section: 8 Township: 2N Range: 66W Meridian: 6
Latitude: 40.149530 Longitude: -104.795180

Flowline Start Point Riser

Latitude: 40.149154 Longitude -104.795967 PDOP: 1.9 Measurement Date: 07/22/2019

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: 04/26/1993

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: 40.149162 Longitude: -104.795977 PDOP: 3.3 Measurement Date: 07/22/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330843 Location Type: Well Site No Location ID

Name: IONE Number: 4-6-8 MULTI PAD

County: WELD

Qtr Qtr: SWSE Section: 8 Township: 2N Range: 66W Meridian: 6

Latitude: 40.147736 Longitude: -104.798002

Flowline Start Point Riser

Latitude: 40.147751 Longitude -104.797998 PDOP: 2.4 Measurement Date: 07/22/2019

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: 06/23/2009

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: 40.149162 Longitude: -104.795974 PDOP: 4.7 Measurement Date: 07/22/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330843 Location Type: Well Site No Location ID

Name: IONE Number: 4-6-8 MULTI PAD

County: WELD

Qtr Qtr: SWSE Section: 8 Township: 2N Range: 66W Meridian: 6
Latitude: 40.147736 Longitude: -104.798002

Flowline Start Point Riser

Latitude: 40.147690 Longitude -104.798130 PDOP: 4.7 Measurement Date: 07/22/2019
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: 04/05/2002
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Herman 33-8. 12320779_FL. registration Herman 34-8. 12319748_FL. registration Ione 6-8-8. 12330104_FL. registration Mason 44-8. 12321250_FL. registration Mason Gas Unit 3-8. 12310076_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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files