

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/08/2019

Document Number:

402203562

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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 318567 Location Type: Production Facilities
Name: POWERS-62N65W Number: 24NWSW
County: WELD
Qtr Qtr: NWSW Section: 24 Township: 2N Range: 65W Meridian: 6
Latitude: 40.121298 Longitude: -104.618134

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464225 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.120789 Longitude: -104.617627 PDOP: 1.1 Measurement Date: 04/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331879 Location Type: Well Site ☐ No Location ID
Name: POWERS-62N65W Number: 24SWSW
County: WELD
Qtr Qtr: SWSW Section: 24 Township: 2N Range: 65W Meridian: 6
Latitude: 40.118318 Longitude: -104.619715

Flowline Start Point Riser

Latitude: 40.118287 Longitude: -104.619691 PDOP: 3.1 Measurement Date: 04/05/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 08/16/2003
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/20/2019

Description of Abandonment

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water prior to abandonment. Verified with LEL monitor that line was free of hydrocarbons. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466944 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.120796 Longitude: -104.617632 PDOP: 4.3 Measurement Date: 07/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 318567 Location Type: _____ Well Site ☐ No Location ID

Name: POWERS-62N65W Number: 24NWSW

County: WELD

Qtr Qtr: NWSW Section: 24 Township: 2N Range: 65W Meridian: 6

Latitude: 40.121298 Longitude: -104.618134

Flowline Start Point Riser

Latitude: 40.121161 Longitude -104.618153 PDOP: 2.1 Measurement Date: 07/05/2019
:

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 06/20/1978
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/20/2019

Description of Abandonment

Flowline was disconnected from the wellhead and the separator. Flushed line with fresh water and flowline was removed from ground. Flowline was completely removed.

OPERATOR COMMENTS AND SUBMITTAL

Comments

Flowline Facility ID: 466944 Operator Flowline ID: 12309409_FL Powers 1 Flowline Abandonment
Flowline Facility ID: 464225 Operator Flowline ID: 12321436_FL Powers 14-24 Flowline Abandonment

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/08/2019 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

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