

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 01/13/2020 Document Number: 402284599

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: 319139 Location Type: Production Facilities Name: BARB LTD 'K' UNIT-61N68W Number: 30SESE County: WELD Qtr Qtr: SESE Section: 30 Township: 1N Range: 68W Meridian: 6 Latitude: 40.017578 Longitude: -105.040645

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464835 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.017839 Longitude: -105.040682 PDOP: 1.8 Measurement Date: 04/18/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330344 Location Type: Well Site [] No Location ID Name: BARB LTD-61N68W Number: 30NWSE County: WELD Qtr Qtr: NWSE Section: 30 Township: 1N Range: 68W Meridian: 6 Latitude: 40.020238 Longitude: -105.043987

Flowline Start Point Riser

Latitude: 40.020247 Longitude: -105.044031 PDOP: 4.5 Measurement Date: 04/18/2019 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: 04/14/1995
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 01/09/2020

Description of Abandonment

Flowline was disconnected from separator and from well. Flowline was flushed with 25bbls fresh water prior to removal. Verified with LEL monitor that line was free of hydrocarbons. Flowline was abandoned in place with 120lbs slurry per state NTO. Flowline was abandoned per 1105 series requirements.

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 01/13/2020 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>

Total Attach: 0 Files