

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: 12/06/2019 Document Number: 402257099

Initial Gas Leak Report

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 []

GRADE 1 GAS LEAK REPORT (INITIAL or SUPPLEMENTAL)

Initial Gas Leak Report Document Number: _____

Initial Report Date: 12/06/2019 Date of Discovery: 12/06/2019 Line Type: Process Piping Facility ID: _____

Actual Location of the Leak (Location of Leak Point)

Quarter Quarter: NESE Section: 8 Township: 2N Range: 67W Meridian: _____ Latitude: -104.906966 Longitude: -104.906966 County: WELD Municipality: _____

Describe what is known about the Grade 1 Gas Leak, including what happened and how it was stopped:

Combustor pilot supply gas line nipple had cracked and was venting supply gas. Supply gas was ignited. Facility was shut-in. Incident command was set up and fire department isolated supply gas line at the separator. Supply gas line then burnt out.

Root Cause of Grade 1 Gas Leak: _____

Describe incident & root cause (include specific equipment and point of failure):

Combustor pilot supply gas line nipple had cracked and was venting supply gas. Supply gas was ignited. Facility was shut-in. Incident command was set up and fire department isolated supply gas line at the separator. Supply gas line then burnt out. After flame and gas leak area was allowed to cool down. Evaluation at the site found that the supply gas nipple going into the combustor had cracked. Unable to determine the ignition source.

Describe measures taken to prevent the problem(s) from reoccurring:

Supply gas nipple will be replaced.

Was there a reportable E & P waste spill or release associated with this Grade 1 Gas Leak? Yes No

If YES, enter the Document Number of the Initial Spill/Release Report, Form 19 _____

Was there a reportable accident associated with this Grade 1 Gas Leak? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22 402256999

Request for Closure Yes No If YES, all information regarding this leak has been submitted.

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: 12/06/2019 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

Att Doc Num	Name
402257104	AERIAL PHOTO

Total Attach: 1 Files