

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:  
402211284

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  No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 425380 Location Type: Production Facilities  
Name: GRATTAN 62N64W/30 SESE Number: 4A-30H PAD  
County: WELD  
Qtr Qtr: SESE Section: 30 Township: 2N Range: 64W Meridian: 6  
Latitude: 40.104020 Longitude: -104.586010

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478444 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.105508 Longitude: -104.587299 PDOP: 1.6 Measurement Date: 07/12/2019  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 425380 Location Type: Well Site  No Location ID  
Name: GRATTAN 62N64W/30 SESE Number: 4A-30H PAD  
County: WELD  
Qtr Qtr: SESE Section: 30 Township: 2N Range: 64W Meridian: 6  
Latitude: 40.104020 Longitude: -104.586010

Flowline Start Point Riser

Latitude: 40.104060 Longitude: -104.585911 PDOP: 4.5 Measurement Date: 07/12/2019  
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: 05/01/2012  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 478445 Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.105508 Longitude: -104.587305 PDOP: 3.5 Measurement Date: 07/12/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 425380 Location Type: Well Site  No Location ID  
Name: GRATTAN 62N64W/30 SESE Number: 4A-30H PAD  
County: WELD  
Qtr Qtr: SESE Section: 30 Township: 2N Range: 64W Meridian: 6  
Latitude: 40.104020 Longitude: -104.586010

**Flowline Start Point Riser**

Latitude: 40.104029 Longitude -104.586017 PDOP: 1.8 Measurement Date: 07/12/2019  
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: 05/04/2012  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments Grattan 4A-30H. 12334369\_FL. registration  
Grattan 4B-30H. 12334362\_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: 11/4/2020

## Conditions of Approval

**COA Type**

**Description**

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## Attachment Check List

**Att Doc Num**

**Name**

402211284	Form44 Submitted
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Total Attach: 1 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

