

# State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/30/2020

Document Number:

402541499

## Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and 906.

### 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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

### OFF LOCATION FLOWLINE

#### FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 310312 Location Type: Production Facilities  
Name: LIBSACK-64N65W Number: 27SWSE  
County: WELD  
Qtr Qtr: SWSE Section: 27 Township: 4N Range: 65W Meridian: 6  
Latitude: 40.276733 Longitude: -104.644905

#### Description of Corrosion Protection

Crestones pipelines are covered in a protective external coating. Flowlines are subject to thorough inspections and fabrication standards during installation to minimize coating and pipe defects. Crestone maintains a chemical program to reduce internal corrosion. If a flowline is found to lack integrity, Crestone will investigate, report, and remediate any spills in accordance with the 900 series rules.

#### Description of Integrity Management Program

Crestones flowlines are pressure tested prior to placing flowlines into service. Flowlines are tested on an annual basis in accordance with COGCC 1104 series rules. If a flowline is found to lack integrity, Crestone will investigate the root cause, as well as report and remediate any spills in accordance with the 900 series rules. All repairs will be completed in accordance with COGCC 1102 Series rules.

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

N/A

#### FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473658 Flowline Type: Wellhead Line Action Type:

#### OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

#### Flowline Start Point Location Identification

Location ID: 310312 Location Type: Well Site ☐  
Name: LIBSACK-64N65W Number: 27SWSE  
County: WELD No Location ID  
Qtr Qtr: SWSE Section: 27 Township: 4N Range: 65W Meridian: 6  
Latitude: 40.276733 Longitude: -104.644905  
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: 03/23/2008  
Maximum Anticipated Operating Pressure (PSI): 622 Testing PSI: 622  
Test Date: 04/08/2020

#### **OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification**

Date: \_\_\_\_\_

**Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:**

#### **OPERATOR COMMENTS AND SUBMITTAL**

Comments 

This form is submitted as a December 1, 2020 update.

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

Signed: \_\_\_\_\_ Date: 11/30/2020 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: 3/25/2021

## Conditions of Approval

**COA Type**

**Description**

## Attachment Check List

**Att Doc Num**

**Name**

|           |                                       |
|-----------|---------------------------------------|
| 402541499 | Form44 Submitted                      |
| 402541506 | OFF-LOCATION FLOWLINE GEODATABASE GDB |
| 402541507 | PRESSURE TEST                         |
| 402637914 | OFF-LOCATION FLOWLINE GIS GDB         |

Total Attach: 4 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

|  |  |                        |
|--|--|------------------------|
|  |  | Stamp Upon<br>Approval |
|--|--|------------------------|

Total: 0 comment(s)