

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/30/2020

Document Number:

402542249

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: 319014 Location Type: Production Facilities
Name: GRENAMEYER WAGNER C UNIT-61N67W Number: 34NWNW
County: WELD
Qtr Qtr: NWNW Section: 34 Township: 1N Range: 67W Meridian: 6
Latitude: 40.012078 Longitude: -104.882452

Description of Corrosion Protection

Crestone 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

Crestone 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: 460236 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335779 Location Type: Well Site ☐
Name: WAGNER-61N67W Number: 34NENW
County: WELD No Location ID
Qtr Qtr: NENW Section: 34 Township: 1N Range: 67W Meridian: 6
Latitude: 40.012990 Longitude: -104.879069
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches)
Bedding Material: Date Construction Completed: 08/30/2002
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

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

Date: 01/02/2019

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

Flowline was disconnected from wellhead and from Crestone 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: 472455 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319014 Location Type: Well Site ☐
Name: GRENEMEYER WAGNER C UNIT-61N67W Number: 34NWNW
County: WELD No Location ID
Qtr Qtr: NWNW Section: 34 Township: 1N Range: 67W Meridian: 6
Latitude: 40.012078 Longitude: -104.882452
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: 10/13/1992
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

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:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460235 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335760 Location Type: _____ Well Site ☐

Name: WAGNER-61N67W Number: 34SWNW

County: WELD No Location ID

Qtr Qtr: SWNW Section: 34 Township: 1N Range: 67W Meridian: 6

Latitude: 40.009430 Longitude: -104.883460

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: 08/23/2002

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

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

Date: 01/02/2019

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

Flowline was disconnected from wellhead and from Crestone 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.

OPERATOR COMMENTS AND SUBMITTAL

Comments This form is submitted as a December 1, 2020 update including a description of corrosion protection, integrity management system and GIS data.

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: _____

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402542267

OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

