

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION
Receive Date:
08/15/2022
Document Number:
403093549

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: James Miller
Company Name: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (720) 984-7460
Address: 1801 CALIFORNIA STREET #2500 Email: jmiller@civiresources.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: 336429 Location Type: Production Facilities
Name: ANDERSON TRUST-62N68W Number: 32NWNE
County: WELD
Qtr Qtr: NWNE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.100507 Longitude: -105.024577

Description of Corrosion Protection

Pipeline is fiberglass. Flowlines are subject to thorough inspections and fabrication standards during installation to minimize pipe defects. . 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: 481234 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322809 Location Type: Well Site
Name: ANDERSON TRUST-62N68W Number: 32NENW
County: WELD No Location ID
Qtr Qtr: NENW Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.100507 Longitude: -105.030137

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Fiberglass Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 12/25/1984
Maximum Anticipated Operating Pressure (PSI): 105 Testing PSI: 105
Test Date: 05/27/2019

OFF LOCATION FLOWLINE Abandonment Verification

Date: 03/23/2022

Abandonment Verification

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

Jurisdiction	County	Municipality
County	BOULDER	N/A

Description of Abandonment Verification:

The flowline (12312090_FL) serving the Anderson Trust #2-A (05-123-12090) was abandoned in place, the potholes were backfilled and the land surface was graded.

OPERATOR COMMENTS AND SUBMITTAL

Comments This form 44 is being submitted for one flowline POST-ABANDONMENT. Flowline 12312090_FL previously serviced the Anderson Trust 2-A (05-123-12090). Updated GIS Shapefile attached

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

Signed: _____ Date: 08/15/2022 Email: flowlines@civiresources.com

Print Name: Stephany Olsen Title: Sr. Regulatory Analyst

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

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Attachment Check List

Att Doc Num

Name

403093549	Form44 Submitted
403136046	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)