

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: 02/10/2023 Document Number: 403318597

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 413189 Location Type: Production Facilities Name: RAY NELSON Number: 44-32 County: WELD Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6 Latitude: 40.089930 Longitude: -105.023710

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: 466475 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: _____ Location Type: _____ Well Site
Name: RAY NELSON Number: 44-32
County: WELD No Location ID
Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089930 Longitude: -105.023710
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: 05/30/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: 513
Test Date: 09/09/2020

OFF LOCATION FLOWLINE Abandonment Verification

Date: 10/21/2020

Abandonment Verification

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

(No Jurisdiction)

Description of Abandonment Verification:

Flowline is co-located located in the same trench as active flowlines. Flowline was abandoned in place as per Rule 1105.d and verified by a third party. See attached exhibit for third party verification.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466474 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: _____ Location Type: _____ Well Site
Name: RAY NELSON Number: 44-32
County: WELD No Location ID
Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089930 Longitude: -105.023710
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: 05/29/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

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

Date: 10/05/2020

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

Flowline is located in same trench as active flowlines. Flowline will be abandoned per all applicable 1105 series regulations. Upon final abandonment of active flowlines, flowline will be removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466472 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413189 Location Type: Well Site
Name: RAY NELSON Number: 44-32
County: WELD No Location ID
Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089930 Longitude: -105.023710

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: 05/29/2010
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: 466473 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413189 Location Type: Well Site
Name: RAY NELSON Number: 44-32
County: WELD No Location ID
Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089930 Longitude: -105.023710

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: 05/31/2010
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: 466471 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413189 Location Type: _____ Well Site
Name: RAY NELSON Number: 44-32
County: WELD No Location ID
Qtr Qtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
Latitude: 40.089930 Longitude: -105.023710

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: 03/22/2010
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:

OPERATOR COMMENTS AND SUBMITTAL

Comments Form 44 filed to report POST-ABANDONMENT verification. The following flowline(s) were abandoned in place: 12330611_FL. The subject flowline serviced the Ray Nelson 34-32 (05-123-30611).

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

Signed: _____ Date: 02/10/2023 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

403318603	PRESSURE TEST
403318605	THIRD PARTY VERIFICATION

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)