

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:

06/05/2023

Document Number:

403364240

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: 317599 Location Type: Production Facilities
Name: KAWAKAMI-63N67W Number: 35SENE
County: WELD
Qtr Qtr: SENE Section: 35 Township: 3N Range: 67W Meridian: 6
Latitude: 40.185216 Longitude: -104.852272

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: 466111 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330953 Location Type: Well Site
Name: KAWAKAMI-63N67W Number: 35SENE
County: WELD No Location ID
Qtr Qtr: SENE Section: 35 Township: 3N Range: 67W Meridian: 6
Latitude: 40.182856 Longitude: -104.850312

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: 01/05/2001
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: 466109 Flowline Type: Wellhead Line Action Type: Out of Service

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336137 Location Type: Well Site
Name: KAWAKAMI-63N67W Number: 35NENE
County: WELD No Location ID
Qtr Qtr: NENE Section: 35 Township: 3N Range: 67W Meridian: 6
Latitude: 40.187700 Longitude: -104.850550

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: Native Materials Date Construction Completed: 06/29/1999
Maximum Anticipated Operating Pressure (PSI): 700 Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE Out of Service

Date: 11/10/2022

Entire Line Removal

Partial Line Removal

Description of Out of Service:

The flowline serving the Kawakami 41-35 (05-123-19760) is now out of service as per rule 1102.O.(2). The most recent successful pressure test was conducted 5/5/2019.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466110 Flowline Type: Wellhead Line Action Type: Out of Service

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330718 Location Type: Well Site

Name: KAWAKAMI-63N67W Number: 35SWNE

County: WELD No Location ID

Qtr Qtr: SWNE Section: 35 Township: 3N Range: 67W Meridian: 6

Latitude: 40.183436 Longitude: -104.856332

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: Native Materials Date Construction Completed: 04/15/1998

Maximum Anticipated Operating Pressure (PSI): 700 Testing PSI:

Test Date:

OFF LOCATION FLOWLINE Out of Service

Date: 11/10/2022

Entire Line Removal

Partial Line Removal

Description of Out of Service:

The flowline serving the Kawakami 32-35 (05-123-19505) is now out of service as per rule 1102.O.(2). The most recent successful pressure test was conducted 5/5/2019.

OPERATOR COMMENTS AND SUBMITTAL

Comments

Form 44 filed to report STATUS CHANGE notification. The following flowline(s) are now out of service:
12319505_FL: services the Kawakami 32-35 (05-123-19505)
12319760_FL: services the Kawakami 41-35 (05-123-19760)
All other flowlines will remain as previously reported.
Updated GIS data attached.

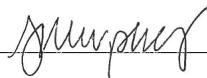
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 06/05/2023 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: 7/24/2023

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

403364240	Form44 Submitted
403423162	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)