

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:

03/14/2023

Document Number:

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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: 322976 Location Type: Production Facilities
Name: Rasmussen Facilities Pad Number: 19H-M268
County: WELD
Qtr Qtr: SWSW Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.119235 Longitude: -105.050730

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: 473577 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: 330378 Location Type: Well Site ☐
Name: RASMUSSEN-62N68W Number: 19NWSW
County: WELD No Location ID
Qtr Qtr: NWSW Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.122293 Longitude: -105.052747
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: 11/14/1995
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

OFF LOCATION FLOWLINE Abandonment Verification

Date: 02/23/2023

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:

The flowline serving the Rasmussen 19-12 was removed in its entirety via the open trench method. The trench was backfilled and the land surface was graded.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466055 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336073 Location Type: Well Site ☐
Name: RASMUSSEN-62N68W Number: 19NESW
County: WELD No Location ID
Qtr Qtr: NESW Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.122420 Longitude: -105.047830
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: 11/16/1995
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: 466056 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330350 Location Type: _____ Well Site ☐
Name: RASMUSSEN-62N68W Number: 19SESW
County: WELD No Location ID
Qtr Qtr: SESW Section: 19 Township: 2N Range: 68W Meridian: 6
Latitude: 40.117986 Longitude: -105.048038

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: 05/11/1995
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 flowlines were removed in their entirety:
12318995_FL: Serviced the Rasmussen 19-12 (05-123-18995)
12318994_FL: Serviced the Rasmussen 19-11 (05-123-18994), No change
12318943_FL: Serviced the Rasmussen 19-14 (05-123-18943), No change
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: 03/14/2023 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

Attachment Check List

Att Doc Num

Name

403345805	OFF-LOCATION FLOWLINE GIS SHP
403345807	OFF-LOCATION FLOWLINE GIS SHP
403345809	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)