

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: 04/10/2023 Document Number: 403315467

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: 470236 Location Type: Production Facilities Name: NELSON-3N67W-Facility Number: 32NESW County: WELD Qtr Qtr: NESW Section: 32 Township: 3N Range: 67W Meridian: 6 Latitude: 40.180718 Longitude: -104.917986

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: 470237 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 330773 Location Type: Well Site   
Name: NELSON-63N67W Number: 32NESW  
County: WELD No Location ID  
Qtr Qtr: NESW Section: 32 Township: 3N Range: 67W Meridian: 6  
Latitude: 40.180626 Longitude: -104.916504

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: 03/25/1999  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

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

Date: 07/23/2019

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

Flowline was disconnected from wellhead and from separator. Both ends plugged below ground. Flowline was flushed with 25bbls fresh water prior to plugging. Flowline was verified free of hydro carbons with LEL monitor. Flowline was cut below ground level. Flowline was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends. Flowline was abandoned in place.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 473576 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: 330745 Location Type: Well Site   
Name: OWENS BROTHERS-63N67W Number: 32NWSW  
County: WELD No Location ID  
Qtr Qtr: NWSW Section: 32 Township: 3N Range: 67W Meridian: 6  
Latitude: 40.180726 Longitude: -104.921264

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: 08/25/2003  
Maximum Anticipated Operating Pressure (PSI): 350 Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE Abandonment Verification**

Date: 01/16/2023

**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 serviced the Owens Brothers 13-32 (05-123-19552). It was abandoned in place as per Rule 1105.d and verified by a third party.

**OPERATOR COMMENTS AND SUBMITTAL**

Comments Form 44 filed to report POST-ABANDONMENT notification. The following flowline(s) were abandoned in place: 12319552\_FL: serviced the OWENS BROTHERS 13-32 (05-123-19552)  
Pressure test attached.  
Third party verification attached.  
Updated GIS data attached.  
All other related flowlines will remain as previously reported.

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

Signed: \_\_\_\_\_ Date: 04/10/2023 Email: flowlines@civiresources.com

Print Name: Stephany Olsen Title: Senior 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**

403329108	THIRD PARTY VERIFICATION
403368919	PRESSURE TEST
403368923	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 3 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)