

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

03/21/2023

Document Number:

403351494

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: 470645 Location Type: Production Facilities
Name: DOWDY FACILITY 62N65W Number: 10SESE
County: WELD
Qtr Qtr: SESE Section: 10 Township: 2N Range: 65W Meridian: 6
Latitude: 40.146188 Longitude: -104.642625

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: 470647 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331391 Location Type: Well Site ☐
Name: DOWDY-62N65W Number: 10SWSE
County: WELD No Location ID
Qtr Qtr: SWSE Section: 10 Township: 2N Range: 65W Meridian: 6
Latitude: 40.147088 Longitude: -104.648166
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: 01/10/2002
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: 470649 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331168 Location Type: Well Site ☐
Name: DOWDY-62N65W Number: 10NWSE
County: WELD No Location ID
Qtr Qtr: NWSE Section: 10 Township: 2N Range: 65W Meridian: 6
Latitude: 40.151798 Longitude: -104.648236
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: 04/20/2001
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: 470648 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: 331401 Location Type: Well Site ☐
Name: DOWDY-62N65W Number: 10NESE
County: WELD No Location ID
Qtr Qtr: NESE Section: 10 Township: 2N Range: 65W Meridian: 6
Latitude: 40.151788 Longitude: -104.642225

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: 10/23/2003
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE Out of ServiceDate: 09/30/2022☒ Entire Line Removal☐ Partial Line Removal**Description of Out of Service:**

The flowline serving the Dowdy 43-10 is now out of service as per rule 1102.O.(2).

OPERATOR COMMENTS AND SUBMITTAL

Comments Form 44 filed to report STATUS CHANGE notification. The following flowline(s) are now out of service:
12320622_FL: services the Dowdy 43-10 (05-123-20622)
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: 03/21/2023 Email: flowlines@civiresources.comPrint 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

403351517

OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)