

State of Colorado Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 11/06/2023 Document Number: 403555303

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: 555 17TH STREET SUITE 3700 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: 317881 Location Type: Production Facilities Name: DOWDY 62N65W Number: 10 NENE County: WELD Qtr Qtr: NENE Section: 10 Township: 2N Range: 65W Meridian: 6 Latitude: 40.157614 Longitude: -104.644169

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: 466411 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331394 Location Type: Well Site
Name: DOWDY-62N65W Number: 10SENE
County: WELD No Location ID
Qtr Qtr: SENE Section: 10 Township: 2N Range: 65W Meridian: 6
Latitude: 40.155688 Longitude: -104.642856

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: 08/04/2003
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: 466407 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317881 Location Type: Well Site
Name: DOWDY 62N65W Number: 10 NENE
County: WELD No Location ID
Qtr Qtr: NENE Section: 10 Township: 2N Range: 65W Meridian: 6
Latitude: 40.157614 Longitude: -104.644169

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: 01/24/2013
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: 466406 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331392 Location Type: Well Site
Name: DOWDY-62N65W Number: 10SWNE
County: WELD No Location ID
Qtr Qtr: SWNE Section: 10 Township: 2N Range: 65W Meridian: 6
Latitude: 40.155128 Longitude: -104.648286

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: 01/23/2001
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: 466412 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317881 Location Type: Well Site
Name: DOWDY 62N65W Number: 10 NENE
County: WELD No Location ID
Qtr Qtr: NENE Section: 10 Township: 2N Range: 65W Meridian: 6
Latitude: 40.157614 Longitude: -104.644169

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: 01/24/2013
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: 466410 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317881 Location Type: _____ Well Site
Name: DOWDY 62N65W Number: 10 NENE
County: WELD No Location ID
Qtr Qtr: NENE Section: 10 Township: 2N Range: 65W Meridian: 6
Latitude: 40.157614 Longitude: -104.644169

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: 01/24/2013
Maximum Anticipated Operating Pressure (PSI): 200 Testing PSI: _____
Test Date: _____

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

Date: 09/30/2022

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

The flowline serving the Dowdy 6-4-10 (05-123-36045) is now out of service as per rule 1102.O.(2). The most recent successful pressure test was conducted 10/28/2019.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466409 Flowline Type: Wellhead Line Action Type: Out of Service

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

317881 Location Type: _____ Well Site

Location ID:

Name: DOWDY 62N65W Number: 10 NENE

County: WELD No Location ID

Qtr Qtr: NENE Section: 10 Township: 2N Range: 65W Meridian: 6

Latitude: 40.157614 Longitude: -104.644169

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: 01/23/2013

Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE Out of Service

Date: 12/06/2022

Entire Line Removal

Partial Line Removal

Description of Out of Service:

The flowline servicing the Dowdy 8-2-10 (05-123-36044) is now out of service as per rule 1102.O.(2). The most recent successful pressure test was conducted 10/31/2023.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466408 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331390 Location Type: Well Site

Name: DOWDY-62N65W Number: 10NWNE

County: WELD No Location ID

Qtr Qtr: NWNE Section: 10 Township: 2N Range: 65W Meridian: 6

Latitude: 40.158538 Longitude: -104.647336

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: 08/06/2003

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 STATUS CHANGE notification. The following flowline(s) are now out of service:
12336044_FL: services the Dowdy 8-2-10 (05-123-36044)
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: 11/06/2023 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

403585773	OFF-LOCATION FLOWLINE GIS SHP
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)