

State of Colorado  
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

ECMC RECEPTION

Receive Date:

03/24/2024

Document Number:

403708600

## 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

ECMC 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 ☒ 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: 470648 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: 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: Native Materials Date Construction Completed: 10/23/2003  
Maximum Anticipated Operating Pressure (PSI): 200 Testing PSI:   
Test Date:

**OFF LOCATION FLOWLINE Abandonment Verification**

Date: 02/12/2024

**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 servicing the Dowdy 43-10 (05-123-20622) was removed in its entirety via the open trench method. The trench was backfilled and the land surface graded.

**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:**

**OPERATOR COMMENTS AND SUBMITTAL**

Comments Form 44 filed to report POST-ABANDONMENT verification. The following flowline(s) were removed:  
12320622\_FL: serviced Dowdy 43-10 (05-123-20622)  
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: 03/24/2024 Email: flowlines@civiresources.com

Print Name: Stephany Olsen Title: Sr. Regulatory Analyst

Based on the information provided herein, this Flowline Report complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved:  Director of ECMC Date: 12/4/2024



## CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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### ATTACHMENT LIST

Att Doc Num

Name

403708600	Form44 Submitted
403715998	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 2 Files

### General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)