

State of Colorado Energy & Carbon Management Commission

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ECMC RECEPTION

Receive Date:

09/27/2024

Document Number:

403901953

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 321298 Location Type: Production Facilities
Name: SHAFFER-NEWMAN H UNIT-61N69W Number: 13SWSW
County: BOULDER
Qtr Qtr: SWSW Section: 13 Township: 1N Range: 69W Meridian: 6
Latitude: 40.046737 Longitude: -105.070958

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: 464421 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 335913 Location Type: Well Site
Name: SHAFFER NEWMAN-61N69W Number: 13SWSW
County: BOULDER No Location ID
Qtr Qtr: SWSW Section: 13 Township: 1N Range: 69W Meridian: 6
Latitude: 40.045379 Longitude: -105.071407

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: 05/02/2009
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: 464424 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321474 Location Type: Well Site
Name: SHAFFER NEWMAN-61N69W Number: 13NWSW
County: BOULDER No Location ID
Qtr Qtr: NWSW Section: 13 Township: 1N Range: 69W Meridian: 6
Latitude: 40.050007 Longitude: -105.071759

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: 10/14/2007
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: 464423 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: 335913 Location Type: Well Site
Name: SHAFFER NEWMAN-61N69W Number: 13SWSW
County: BOULDER No Location ID
Qtr Qtr: SWSW Section: 13 Township: 1N Range: 69W Meridian: 6
Latitude: 40.045379 Longitude: -105.071407

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: 05/06/2009
Maximum Anticipated Operating Pressure (PSI): 200 Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE Abandonment Verification

Date: 07/29/2024

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 serving the SHAFFER NEWMAN 24-13 (05-013-06583) was abandoned in place as per Rule 1105.d and verified by a third party. See attached.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464422 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 335913 Location Type: Well Site
Name: SHAFFER NEWMAN-61N69W Number: 13SWSW
County: BOULDER No Location ID
Qtr Qtr: SWSW Section: 13 Township: 1N Range: 69W Meridian: 6

Latitude: 40.045379 Longitude: -105.071407

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: 05/09/2009

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 was abandoned in place: 01306583_FL: serviced SHAFFER NEWMAN 24-13 (05-013-06583)
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: 09/27/2024 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: _____

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

403932337	OFF-LOCATION FLOWLINE GIS SHP
403932359	THIRD PARTY VERIFICATION

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)