

State of Colorado Energy & Carbon Management Commission

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ECMC RECEPTION

Receive Date:

10/24/2024

Document Number:

403924022

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: 332739 Location Type: Production Facilities
Name: ARISTOCRAT ANGUS FEDERAL Number: 0-4-10
County: WELD
Qtr Qtr: NWSW Section: 10 Township: 3N Range: 65W Meridian: 6
Latitude: 40.237900 Longitude: -104.657370

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: 478448 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: 332739 Location Type: Well Site
Name: ARISTOCRAT ANGUS FEDERAL Number: 0-4-10
County: WELD No Location ID
Qtr Qtr: NWSW Section: 10 Township: 3N Range: 65W Meridian: 6
Latitude: 40.237900 Longitude: -104.657370

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: 06/13/1993
Maximum Anticipated Operating Pressure (PSI): 200 Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE Abandonment Verification

Date: 08/14/2024

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 ARISTOCRAT ANGUS 13-10 (05-123-16581) was abandoned in place as per Rule 1105.d and verified by a third party. See attached.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478450 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332739 Location Type: Well Site
Name: ARISTOCRAT ANGUS FEDERAL Number: 0-4-10
County: WELD No Location ID
Qtr Qtr: NWSW Section: 10 Township: 3N Range: 65W Meridian: 6
Latitude: 40.237900 Longitude: -104.657370

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: 06/04/2013
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: 478452 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332739 Location Type: _____ Well Site

Name: ARISTOCRAT ANGUS FEDERAL Number: 0-4-10

County: WELD No Location ID

Qtr Qtr: NWSW Section: 10 Township: 3N Range: 65W Meridian: 6

Latitude: 40.237900 Longitude: -104.657370

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: 07/26/2005

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

Test Date: _____

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

Date: 11/02/2023

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

Flowline is co-located located in the same trench as the ARISTOCRAT ANGUS FEDERAL 2-4-10 (12330591_FL). Flowline will be abandoned in place as per Rule 1105.d and verified by a third party. See attached exhibit for flowline path.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 478449 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336608 Location Type: _____ Well Site

Name: REI Number: 25-10

County: WELD No Location ID

Qtr Qtr: SWSW Section: 10 Township: 3N Range: 65W Meridian: 6

Latitude: 40.233680 Longitude: -104.657390

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: 06/13/1993
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: 478451 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332739 Location Type: _____ Well Site
Name: ARISTOCRAT ANGUS FEDERAL Number: 0-4-10
County: WELD No Location ID
Qtr Qtr: NWSW Section: 10 Township: 3N Range: 65W Meridian: 6
Latitude: 40.237900 Longitude: -104.657370

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: 05/11/2010
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 notification. The following flowline was abandoned in place: 12316581_FL: serviced the ARISTOCRAT ANGUS13-10 (05-123-16581)
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: 10/24/2024 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: _____

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

403949575	OFF-LOCATION FLOWLINE GIS SHP
403949582	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)