

State of Colorado Energy & Carbon Management Commission

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



ECMC RECEPTION

Receive Date:

04/07/2026

Document Number:

404602851

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: Fred Kayser
Company Name: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (970) 396-4900
Address: 555 17TH STREET SUITE 3700 Email: fkayser@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: 434469 Location Type: Production Facilities
Name: Rodman Bruntz Number: 26H-D266
County: WELD
Qtr Qtr: NWNW Section: 26 Township: 2N Range: 66W Meridian: 6
Latitude: 40.115490 Longitude: -104.749830

Description of Corrosion Protection

[Empty text box for Corrosion Protection description]

Description of Integrity Management Program

[Empty text box for Integrity Management Program description]

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.

[Empty text box for construction method description]

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473480 Flowline Type: Process Piping Action Type: Realignment

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 330697 Location Type: Production Facilities []
Name: Rodman Bruntz Number: 26H-D266 FAC
County: WELD No Location ID

Qtr Qtr: SWNW Section: 26 Township: 2N Range: 66W Meridian:

Latitude: 40.112060 Longitude: -104.750210

Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 1.000

Bedding Material: _____ Date Construction Completed: 06/28/2014

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

Test Date: _____

OFF LOCATION FLOWLINE Realignment

Date: 04/07/2026

Description of Realignment:

12338181_IA should be closed as it was not constructed and mistakenly registered.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473481 Flowline Type: Process Piping Action Type: Realignment

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 330697 Location Type: Production Facilities

Name: Rodman Bruntz Number: 26H-D266 FAC

County: WELD No Location ID

Qtr Qtr: SWNW Section: 26 Township: 2N Range: 66W Meridian: 6

Latitude: 40.112060 Longitude: -104.750210

Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 1.000

Bedding Material: _____ Date Construction Completed: 06/28/2014

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

Test Date: _____

OFF LOCATION FLOWLINE Realignment

Date: 04/07/2026

Description of Realignment:

12338186_IA should be closed as it was not constructed and mistakenly registered.

OPERATOR COMMENTS AND SUBMITTAL

Comments Form 44 submitted to CLOSE flowline registration as the lines were never constructed and mistakenly registered. Inactivation sundry submitted on doc# 404602911.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 04/07/2026 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

404602851	Form44 Submitted
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)