

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

03/20/2019

Document Number:

401979417

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 10633 Contact Person: Schuyler Hamilton
Company Name: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 774-4017
Address: 1801 CALIFORNIA STREET #2500 Email: Schuyler.Hamilton@Crestonepr.com
City: DENVER State: CO Zip: 80202
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 321538 Location Type: Production Facilities
Name: BAKER C UNIT-61N68W Number: 27SENE
County: BROOMFIELD
Qtr Qtr: SENE Section: 27 Township: 1N Range: 68W Meridian: 6
Latitude: 40.025168 Longitude: -104.983895

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463389 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.025619 Longitude: -104.983960 PDOP: 5.3 Measurement Date: 02/28/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321538 Location Type: Well Site ☐ No Location ID
Name: BAKER C UNIT-61N68W Number: 27SENE
County: BROOMFIELD
Qtr Qtr: SENE Section: 27 Township: 1N Range: 68W Meridian: 6
Latitude: 40.025168 Longitude: -104.983895

Flowline Start Point Riser

Latitude: 40.025301 Longitude: -104.983837 PDOP: 0.8 Measurement Date: 02/28/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: _____ Date Construction Completed: 10/24/1988
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 03/20/2019 Email: Schuyler.Hamilton@Crestonepr.com

Print Name: Schuyler Hamilton Title: EHS Field Technician

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: 3/21/2019

Attachment Check List**Att Doc Num****Name**

401979417

Form44 Submitted

Total Attach: 1 Files