

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:

04/25/2019

Document Number:

402016171

## 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: 323195 Location Type: Production Facilities  
Name: ANNIS-62N65W Number: 24NWSE  
County: WELD  
Qtr Qtr: NWSE Section: 24 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.121208 Longitude: -104.608494

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 463667 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.120972 Longitude: -104.608378 PDOP: 0.9 Measurement Date: 02/05/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331902 Location Type: Well Site ☐ No Location ID  
Name: ANNIS-62N65W Number: 24SWSE  
County: WELD  
Qtr Qtr: SWSE Section: 24 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.118058 Longitude: -104.609744

**Flowline Start Point Riser**

Latitude: 40.118095 Longitude: -104.609632 PDOP: 3.8 Measurement Date: 02/18/2019  
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: 08/25/2003  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 04/09/2019

**Description of Abandonment**

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water prior to abandonment. Verified with LEL monitor that line was free of hydrocarbons. Flowline was flushed and both risers removed. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 463668 Flowline Type: Wellhead Line Action Type: Abandonment

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

Latitude: 40.120972 Longitude: -104.608378 PDOP: 0.9 Measurement Date: 02/05/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 302276 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: ANNIS SESE PAD Number: 44-24  
County: WELD  
Qtr Qtr: SESE Section: 24 Township: 2N Range: 65W Meridian: 6  
Latitude: 40.118090 Longitude: -104.605200

**Flowline Start Point Riser**

Latitude: 40.118076 Longitude -104.605190 PDOP: 1.6 Measurement Date: 02/05/2019  
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: 03/21/2010  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 04/09/2019

**Description of Abandonment**

Flowline was disconnected from wellhead and from separator. Flowline was flushed with 25bbls fresh water prior to abandonment. Verified with LEL monitor that line was free of hydrocarbons. Flowline was flushed and both risers removed. Flowline was plugged on both ends with 120lbs of slurry per State NTO.

**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: 04/25/2019 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: 4/26/2019

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402016171	Form44 Submitted

Total Attach: 1 Files