

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

09/28/2019

Document Number:

402192180

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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 333209 Location Type: Production Facilities
Name: MILLER-62N67W Number: 17SWSW
County: WELD
Qtr Qtr: SWSW Section: 17 Township: 2N Range: 67W Meridian: 6
Latitude: 40.132897 Longitude: -104.921964

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 472730 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.133777 Longitude: -104.921518 PDOP: 3.1 Measurement Date: 08/09/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333025 Location Type: Well Site ☐ No Location ID
Name: MILLER-62N67W Number: 17SWSW
County: WELD
Qtr Qtr: SWSW Section: 17 Township: 2N Range: 67W Meridian: 6
Latitude: 40.134302 Longitude: -104.920370

Flowline Start Point Riser

Latitude: 40.134240 Longitude: -104.920639 PDOP: 2.4 Measurement Date: 08/09/2019
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: 05/29/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Operator Flowline ID: 12320828_FL Miller 13-17 Flowline Registration

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

Signed: _____ Date: 09/28/2019 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: 3/3/2020**Attachment Check List****Att Doc Num****Name**

402192180

Form44 Submitted

Total Attach: 1 Files