

State of Colorado Oil and Gas Conservation Commission

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



OGCC RECEPTION

Receive Date:

10/16/2019

Document Number:

402211758

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) 7744017
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: 329866 Location Type: Production Facilities
Name: NORRIS 'A' UNIT 63N64W 32SWSW Number: MULTI WELL PAD
County: WELD
Qtr Qtr: SWSW Section: 32 Township: 3N Range: 64W Meridian: 6
Latitude: 40.177770 Longitude: -104.580300

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.178367 Longitude: -104.580368 PDOP: 1.3 Measurement Date: 07/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329866 Location Type: Well Site ☐ No Location ID
Name: NORRIS 'A' UNIT 63N64W 32SWSW Number: MULTI WELL PAD
County: WELD
Qtr Qtr: SWSW Section: 32 Township: 3N Range: 64W Meridian: 6
Latitude: 40.177770 Longitude: -104.580300

Flowline Start Point Riser

Latitude: 40.177781 Longitude: -104.580308 PDOP: 3.1 Measurement Date: 07/11/2019
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: 01/13/1995
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.178367 Longitude: -104.580364 PDOP: 3.8 Measurement Date: 07/11/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331981 Location Type: _____ Well Site ☐ No Location ID
Name: NORRIS-63N64W Number: 32SWSW
County: WELD
Qtr Qtr: SWSW Section: 32 Township: 3N Range: 64W Meridian: 6
Latitude: 40.175728 Longitude: -104.582704

Flowline Start Point Riser

Latitude: 40.175771 Longitude: -104.582601 PDOP: 2.0 Measurement Date: 07/11/2019
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: 05/25/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Norris 14-32. 12321669_FL. registration
Norris A Unit 2. 12317955_FL. registration

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/16/2019 Email: costin.mcqueen@crestonepr.com

Print Name: Costin McQueen Title: Geologist

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: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files