

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:

10/31/2019

Document Number:

402228548

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: 332743 Location Type: Well Site
Name: ARISTOCRAT ANGUS-63N65W Number: 10SENE
County: WELD
Qtr Qtr: SENE Section: 10 Township: 3N Range: 65W Meridian: 6
Latitude: 40.241897 Longitude: -104.640806

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.241960 Longitude: -104.640762 PDOP: Measurement Date: 08/05/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 332743 Location Type: Well Site ☐ No Location ID
Name: ARISTOCRAT ANGUS-63N65W Number: 10SENE
County: WELD
Qtr Qtr: SENE Section: 10 Township: 3N Range: 65W Meridian: 6
Latitude: 40.241897 Longitude: -104.640806

Flowline Start Point Riser

Latitude: 40.241890 Longitude: -104.640858 PDOP: Measurement Date: 08/05/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Condensate Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 03/24/1993
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: 40.241960 Longitude: -104.640762 PDOP: _____ Measurement Date: 08/05/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 332743 Location Type: _____ Well Site ☐ No Location ID
Name: ARISTOCRAT ANGUS-63N65W Number: 10SENE
County: WELD
Qtr Qtr: SENE Section: 10 Township: 3N Range: 65W Meridian: 6
Latitude: 40.241897 Longitude: -104.640806

Flowline Start Point Riser

Latitude: 40.241978 Longitude: -104.640879 PDOP: _____ Measurement Date: 08/05/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 05/11/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Operator ID: 12316673_FL_1 Aristocrat Angus 42-10 Flowline Registration
Operator ID: 12323015_FL Aristocrat Angus 7-2-10 Flowline Registration

Both flowlines combine into a commingled section of line that runs to the separator. Filed under Operator ID:
12316673_FL, Document #402221967

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/31/2019 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: _____

Attachment Check List

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