

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: 06/21/2019 Document Number: 402081820

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317714 Location Type: Production Facilities Name: HALEY-62N67W Number: 32NESE County: WELD Qtr Qtr: NESE Section: 32 Township: 2N Range: 67W Meridian: 6 Latitude: 40.093010 Longitude: -104.907600

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470421 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.092657 Longitude: -104.908040 PDOP: 0.9 Measurement Date: 05/14/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319019 Location Type: Well Site [ ] No Location ID Name: HALEY-GUMESON-62N67W Number: 32CSE County: WELD Qtr Qtr: CSE Section: 32 Township: 2N Range: 67W Meridian: 6 Latitude: 40.091127 Longitude: -104.910043

Flowline Start Point Riser

Latitude: 40.091147 Longitude: -104.909780 PDOP: 0.9 Measurement Date: 05/14/2019 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: 01/12/1982

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

Haley Gumeson 2 Registration: 12310502_FL
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 06/21/2019 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: 1/2/2020

## Conditions of Approval

**COA Type**

**Description**

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## Attachment Check List

**Att Doc Num**

**Name**

402081820	Form 44 Approved-O
402275853	Form44 Submitted

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)

