

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:

09/29/2019

Document Number:

402082240

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: 321484 Location Type: Production Facilities
Name: HARSCH-62N69W Number: 27NWNE
County: BOULDER
Qtr Qtr: NWNE Section: 27 Township: 2N Range: 69W Meridian: 6
Latitude: 40.114530 Longitude: -105.100390

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.112836 Longitude: -105.100761 PDOP: 1.5 Measurement Date: 04/26/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321484 Location Type: Well Site ☐ No Location ID
Name: HARSCH-62N69W Number: 27NWNE
County: BOULDER
Qtr Qtr: NWNE Section: 27 Township: 2N Range: 69W Meridian: 6
Latitude: 40.114530 Longitude: -105.100390

Flowline Start Point Riser

Latitude: 40.114554 Longitude: -105.100393 PDOP: 5.7 Measurement Date: 04/26/2019
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: 03/04/2008
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: 40.112836 Longitude: -105.100761 PDOP: 1.5 Measurement Date: 04/26/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321464 Location Type: _____ Well Site ☐ No Location ID
Name: HARSCH-62N69W Number: 27SENE
County: BOULDER
Qtr Qtr: SENE Section: 27 Township: 2N Range: 69W Meridian: 6
Latitude: 40.112870 Longitude: -105.098029

Flowline Start Point Riser

Latitude: 40.112891 Longitude: -105.098032 PDOP: 3.7 Measurement Date: 04/26/2019
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: 04/07/2008
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: 40.112405 Longitude: -105.101198 PDOP: 4.0 Measurement Date: 04/26/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321477 Location Type: _____ Well Site ☐ No Location ID
Name: HARSCH-62N69W Number: 27SENE
County: BOULDER
Qtr Qtr: SENE Section: 27 Township: 2N Range: 69W Meridian: 6
Latitude: 40.111265 Longitude: -105.095693

Flowline Start Point Riser

Latitude: 40.111269 Longitude -105.095688 PDOP: 3.3 Measurement Date: 04/26/2019

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: 03/04/2008

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: 40.112426 Longitude: -105.101214 PDOP: 2.9 Measurement Date: 04/26/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321464 Location Type: Well Site ☐ No Location ID

Name: HARSCH-62N69W Number: 27SENE

County: BOULDER

Qtr Qtr: SENE Section: 27 Township: 2N Range: 69W Meridian: 6

Latitude: 40.112870 Longitude: -105.098029

Flowline Start Point Riser

Latitude: 40.112836 Longitude -105.100761 PDOP: 1.5 Measurement Date: 04/26/2019

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: 03/04/2008

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments

Operator Flowline ID: 01306544_FL Harsch 42-27 Flowline Registration

Operator Flowline ID: 01306518_FL Harsch 6-2-27 Flowline Registration

Operator Flowline ID: 01306553_FL Harsch 31-27 Flowline Registration

Operator Flowline ID: 0130655301306518_FL Harsch 6-2-27 and Harsch 31-27 Flowline Registration

Harsch 6-2-7 and 31-27 Flowlines commingle off of facilities pad (Commingling to the East of Facility), Single commingled flowline (013065501306518_FL) then joins the separator.

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

Signed: _____ Date: 09/29/2019 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

Att Doc Num

Name

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Total Attach: 0 Files