

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:

12/01/2020

Document Number:

402082240

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and 906.

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: 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

Description of Corrosion Protection

Crestone pipelines are covered in a protective external coating. Flowlines are subject to thorough inspections and fabrication standards during installation to minimize coating and pipe defects. Crestone maintains a chemical program to reduce internal corrosion. If a flowline is found to lack integrity, Crestone will investigate, report, and remediate any spills in accordance with the 900 series rules.

Description of Integrity Management Program

Crestone flowlines are pressure tested prior to placing flowlines into service. Flowlines are tested on an annual basis in accordance with COGCC 1104 series rules. If a flowline is found to lack integrity, Crestone will investigate the root cause, as well as report and remediate any spills in accordance with the 900 series rules. All repairs will be completed in accordance with COGCC 1102 Series rules.

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

N/A

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 479665 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321484 Location Type: Well Site ☐
Name: HARSCH-62N69W Number: 27NWNE
County: BOULDER No Location ID
Qtr Qtr: NWNE Section: 27 Township: 2N Range: 69W Meridian: 6
Latitude: 40.114530 Longitude: -105.100390
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: 479666 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321464 Location Type: Well Site ☐
Name: HARSCH-62N69W Number: 27SENE
County: BOULDER No Location ID
Qtr Qtr: SENE Section: 27 Township: 2N Range: 69W Meridian: 6
Latitude: 40.112870 Longitude: -105.098029
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: 479667 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321477 Location Type: Well Site ☐
Name: HARSCH-62N69W Number: 27SENE
County: BOULDER No Location ID
Qtr Qtr: SENE Section: 27 Township: 2N Range: 69W Meridian: 6
Latitude: 40.111265 Longitude: -105.095693
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: 479668 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

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

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 underground off of facilities pad (Commingling to the East of Facility),
Single commingled flowline (013065501306518_FL) then joins the separator.

Please see attached geodatabase.

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

Signed: _____ Date: 12/01/2020 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: 3/25/2021

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402082240	Form44 Submitted
402544264	OFF-LOCATION FLOWLINE GEODATABASE GDB
402609406	OFF-LOCATION FLOWLINE GIS GDB

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)