

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:

03/04/2019

Document Number:

401959630

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 336437 Location Type: Well Site
Name: GEIST 'A' UNIT-63N67W Number: 32SWNW
County: WELD
Qtr Qtr: SWNW Section: 32 Township: 3N Range: 67W Meridian: 6
Latitude: 40.185566 Longitude: -104.919244

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462695 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.185977 Longitude: -104.918813 PDOP: 3.0 Measurement Date: 11/27/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331851 Location Type: Well Site [] No Location ID
Name: GEIST MULTI WELL PAD Number: 0-2-32
County: WELD
Qtr Qtr: NWNW Section: 32 Township: 3N Range: 67W Meridian: 6
Latitude: 40.186560 Longitude: -104.919680

Flowline Start Point Riser

Latitude: 40.186800 Longitude: -104.919849 PDOP: 1.1 Measurement Date: 11/27/2018
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: 02/11/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 02/04/2019

Description of Abandonment

Flowline was disconnected from separator and wellhead. Flowline was flushed with 25bbls fresh water prior to plugging. Line was verified free of hydro carbons with LEL monitor. Line was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462694 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.185965 Longitude: -104.918810 PDOP: 2.8 Measurement Date: 11/27/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331856 Location Type: _____ Well Site No Location ID
Name: GEIST-63N67W Number: 32SENW
County: WELD
Qtr Qtr: SENW Section: 32 Township: 3N Range: 67W Meridian: 6
Latitude: 40.183726 Longitude: -104.916334

Flowline Start Point Riser

Latitude: 40.183783 Longitude -104.916137 PDOP: 1.8 Measurement Date: 11/27/2018
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: 02/17/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 02/04/2019

Description of Abandonment

Flowline was disconnected from separator and wellhead. Flowline was flushed with 25bbls fresh water prior to plugging. Flowline was verified free of hydro carbons with LEL monitor. Line was cut below ground level. Line was capped on both ends with 120lbs of slurry per state NTO, then backfilled on both ends.

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 03/04/2019 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