

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/09/2018

Document Number:

401828603

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: 10575 Contact Person: Jeff Rickard
Company Name: 8 NORTH LLC Phone: (720) 737-5144
Address: 370 17TH STREET SUITE 5300 Email: jrickard@extractionog.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: Location Type: Production Facilities
Name: Anderson MB 33-3J, 5, 6 Number:
County: BOULDER
Qtr Qtr: NENW Section: 33 Township: 2N Range: 69W Meridian: 6
Latitude: 40.098422 Longitude: -105.126333

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.098447 Longitude: -105.126177 PDOP: 1.1 Measurement Date: 05/17/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321422 Location Type: Well Site No Location ID
Name: ANDERSON-62N69W Number: 33SEW
County: BOULDER
Qtr Qtr: SENW Section: 33 Township: 2N Range: 69W Meridian: 6
Latitude: 40.096711 Longitude: -105.124433

Flowline Start Point Riser

Latitude: 40.096685 Longitude: -105.124430 PDOP: 1.1 Measurement Date: 05/17/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.375
 Bedding Material: Native Materials Date Construction Completed: 08/20/1993
 Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 430
 Test Date: 05/04/2017

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.098453 Longitude: -105.126174 PDOP: 1.1 Measurement Date: 05/17/2017
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321317 Location Type: _____ Well Site No Location ID
 Name: ANDERSON-62N69W Number: 33NENW
 County: BOULDER
 Qtr Qtr: NENW Section: 33 Township: 2N Range: 69W Meridian: 6
 Latitude: 40.098550 Longitude: -105.125750

Flowline Start Point Riser

Latitude: 40.098544 Longitude -105.125738 PDOP: 1.2 Measurement Date: 05/17/2017
 :
 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.375
 Bedding Material: Native Materials Date Construction Completed: 02/25/1983
 Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 300
 Test Date: 05/04/2017

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 40.098450 Longitude: -105.126174 PDOP: 1.1 Measurement Date: 05/17/2017
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321421 Location Type: _____ Well Site No Location ID
 Name: ANDERSON MB-62N69W Number: 33SWNW
 County: BOULDER
 Qtr Qtr: SWNW Section: 33 Township: 2N Range: 69W Meridian: 6
 Latitude: 40.096750 Longitude: -105.129170

Flowline Start Point Riser

Latitude: 40.096754 Longitude -105.129180 PDOP: 1.0 Measurement Date: 05/17/2017

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.375

Bedding Material: Native Materials Date Construction Completed: 08/28/1993

Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 405

Test Date: 05/04/2017

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: 11/09/2018 Email: emartinez@h2eincorporated.com

Print Name: Emily Martinez Title: Environmental Scientist

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
401828680	PRESSURE TEST
401828681	PRESSURE TEST
401828682	PRESSURE TEST

Total Attach: 3 Files