

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/09/2018

Document Number:

401832002

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Production Facilities
Name: Simpson MD 2-1, 2, 7, 8J Number:
County: BOULDER
Qtr Qtr: NENE Section: 2 Township: 1S Range: 69W Meridian: 6
Latitude: 39.995842 Longitude: -105.073954

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.995864 Longitude: -105.073927 PDOP: 0.8 Measurement Date: 05/20/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321376 Location Type: Well Site [] No Location ID
Name: SIMPSON MD-61S69W Number: 2NWNE
County: BOULDER
Qtr Qtr: NWNE Section: 2 Township: 1S Range: 69W Meridian: 6
Latitude: 39.998840 Longitude: -105.078860

Flowline Start Point Riser

Latitude: 39.998815 Longitude: -105.078823 PDOP: 1.0 Measurement Date: 05/20/2017
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: 03/18/1993
Maximum Anticipated Operating Pressure (PSI): 1000 Testing PSI: 398
Test Date: 03/05/2018

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.995860 Longitude: -105.073927 PDOP: 0.8 Measurement Date: 05/20/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321377 Location Type: _____ Well Site No Location ID
Name: SIMPSON MD-61S69W Number: 2SWNE
County: BOULDER
Qtr Qtr: SWNE Section: 2 Township: 1S Range: 69W Meridian: 6
Latitude: 39.995680 Longitude: -105.077920

Flowline Start Point Riser

Latitude: 39.995655 Longitude -105.077904 PDOP: 0.9 Measurement Date: 05/21/2017
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: 05/09/2003
Maximum Anticipated Operating Pressure (PSI): 1000 Testing PSI: 403
Test Date: 03/05/2018

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.995866 Longitude: -105.073926 PDOP: 0.8 Measurement Date: 05/20/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321379 Location Type: _____ Well Site No Location ID
Name: SIMPSON MD-61S69W Number: 2NENE
County: BOULDER
Qtr Qtr: NENE Section: 2 Township: 1S Range: 69W Meridian: 6
Latitude: 39.998770 Longitude: -105.075160

Flowline Start Point Riser

Latitude: 39.998770 Longitude -105.075115 PDOP: 1.1 Measurement Date: 05/20/2017

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: 01/31/1993

Maximum Anticipated Operating Pressure (PSI): 1000 Testing PSI: 400

Test Date: 03/05/2018

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
401832092	PRESSURE TEST
401832095	PRESSURE TEST
401832097	PRESSURE TEST

Total Attach: 3 Files