

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:

12/11/2018

Document Number:

401852581

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: 321339 Location Type: Production Facilities
Name: DONLEY-61N69W Number: 36NWNE
County: BOULDER
Qtr Qtr: NWNE Section: 36 Township: 1N Range: 69W Meridian: 6
Latitude: 40.011650 Longitude: -105.062120

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.011534 Longitude: -105.062440 PDOP: 0.9 Measurement Date: 05/20/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321339 Location Type: Well Site [] No Location ID
Name: DONLEY-61N69W Number: 36NWNE
County: BOULDER
Qtr Qtr: NWNE Section: 36 Township: 1N Range: 69W Meridian: 6
Latitude: 40.011650 Longitude: -105.062120

Flowline Start Point Riser

Latitude: 40.011625 Longitude: -105.062122 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: 03/21/2018
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 479
Test Date: 03/21/2018

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.011535 Longitude: -105.062432 PDOP: 0.9 Measurement Date: 05/20/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321409 Location Type: _____ Well Site No Location ID
Name: DONLEY MC-61N69W Number: 36SWNE
County: BOULDER
Qtr Qtr: SWNE Section: 36 Township: 1N Range: 69W Meridian: 6
Latitude: 40.009169 Longitude: -105.062103

Flowline Start Point Riser

Latitude: 40.009163 Longitude -105.062108 PDOP: 0.9 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: 03/21/2018
Maximum Anticipated Operating Pressure (PSI): 1000 Testing PSI: 660
Test Date: 03/21/2018

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: 12/11/2018 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
401852603	PRESSURE TEST
401852606	PRESSURE TEST

Total Attach: 2 Files