

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:

12/21/2018

Document Number:

401864208

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: 10459 Contact Person: Jeff Rickard
Company Name: EXTRACTION OIL & GAS INC 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: PETERS 1, 2, 3 Number:
County: WELD
Qtr Qtr: NENW Section: 33 Township: 12N Range: 61W Meridian: 6
Latitude: 40.958423 Longitude: -104.203463

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser
Latitude: 40.958428 Longitude: -104.203266 PDOP: 1.1 Measurement Date: 07/12/2018
Equipment at End Point Riser: Separator
Flowline Start Point Location Identification
Location ID: 317545 Location Type: Well Site No Location ID
Name: PETERS-612N61W Number: 33SESE
County: WELD
Qtr Qtr: SESE Section: 33 Township: 12N Range: 61W Meridian: 6
Latitude: 40.960080 Longitude: -104.203130
Flowline Start Point Riser
Latitude: 40.960061 Longitude: -104.203116 PDOP: 1.0 Measurement Date: 07/12/2018
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: 06/01/1970
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 204
Test Date: 09/17/2018

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.958443 Longitude: -104.203284 PDOP: 1.1 Measurement Date: 07/12/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317524 Location Type: _____ Well Site No Location ID
Name: PETERS #3-612N61W Number: 33NENW
County: WELD
Qtr Qtr: NENW Section: 33 Township: 12N Range: 61W Meridian: 6
Latitude: 40.971150 Longitude: -104.212910

Flowline Start Point Riser

Latitude: 40.971138 Longitude -104.212906 PDOP: 1.6 Measurement Date: 07/12/2018
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: 08/01/1981
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 230
Test Date: 09/18/2018

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: 12/21/2018 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

<u>Att Doc Num</u>	<u>Name</u>
401864216	PRESSURE TEST
401864243	PRESSURE TEST

Total Attach: 2 Files