

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

12/03/2018

Document Number:

401830558

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: 10646 Contact Person: Jeff Rickard
Company Name: AXIS EXPLORATION LLC Phone: (720) 737-5144
Address: 370 17TH ST 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: 460740 Location Type: Production Facilities
Name: BENNETT #A-2 Number: 29SWSE
County: ARAPAHOE
Qtr Qtr: SWSE Section: 29 Township: 4S Range: 63W Meridian: 6
Latitude: 39.670496 Longitude: -104.465636

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461027 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.670389 Longitude: -104.465050 PDOP: 1.0 Measurement Date: 11/21/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320785 Location Type: Well Site [] No Location ID
Name: BENNETT-64S63W Number: 29SWSE
County: ARAPAHOE
Qtr Qtr: SWSE Section: 29 Township: 4S Range: 63W Meridian: 6
Latitude: 39.668105 Longitude: -104.462566

Flowline Start Point Riser

Latitude: 39.668041 Longitude: -104.462629 PDOP: 0.9 Measurement Date: 11/07/2017
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: 07/18/1992
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: _____
Test Date: _____

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: 12/03/2018 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: 1/24/2019

Attachment Check List

Att Doc Num

Name

401830558	Form44 Submitted
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Total Attach: 1 Files