

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/09/2018

Document Number:

401833117

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: 460776 Location Type: Production Facilities
Name: Sabo 22-19 4 TB Number:
County: ELBERT
Qtr Qtr: SENW Section: 19 Township: 6S Range: 62W Meridian: 6
Latitude: 39.519922 Longitude: -104.367047

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461046 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.519927 Longitude: -104.367036 PDOP: 0.9 Measurement Date: 11/22/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322205 Location Type: Well Site [] No Location ID
Name: SABO 22-19-66S62W Number: 19SENW
County: ELBERT
Qtr Qtr: SENW Section: 19 Township: 6S Range: 62W Meridian: 6
Latitude: 39.515100 Longitude: -104.378470

Flowline Start Point Riser

Latitude: 39.515078 Longitude: -104.378448 PDOP: 1.1 Measurement Date: 11/22/2017
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: 12/28/1988
Maximum Anticipated Operating Pressure (PSI): 31 Testing PSI: 31
Test Date: 04/30/2018

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: 1/24/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401833117	Form44 Submitted
401833142	PRESSURE TEST

Total Attach: 2 Files