

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/09/2018

Document Number:

401830280

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: 321513 Location Type: Production Facilities
Name: FEDOROWICZ-61S68W Number: 17NENW
County: BROOMFIELD
Qtr Qtr: NENW Section: 17 Township: 1S Range: 68W Meridian: 6
Latitude: 39.968850 Longitude: -105.026680

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461222 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser
Latitude: 39.968698 Longitude: -105.027065 PDOP: 1.1 Measurement Date: 05/19/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321513 Location Type: Well Site [] No Location ID
Name: FEDOROWICZ-61S68W Number: 17NENW
County: BROOMFIELD
Qtr Qtr: NENW Section: 17 Township: 1S Range: 68W Meridian: 6
Latitude: 39.968850 Longitude: -105.026680

Flowline Start Point Riser

Latitude: 39.968871 Longitude: -105.026693 PDOP: 1.2 Measurement Date: 05/19/2017
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: 04/06/1992
 Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 352
 Test Date: 10/10/2017

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: 1/28/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401830280	Form44 Submitted
401830303	OFF-LOCATION FLOWLINE GEODATABASE SHP
401830304	PRESSURE TEST

Total Attach: 3 Files