

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/19/2018

Document Number:

401841963

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: 460821 Location Type: Production Facilities
Name: BULLARD 6 Number:
County: ADAMS
Qtr Qtr: SENE Section: 2 Township: 3S Range: 64W Meridian: 6
Latitude: 39.820038 Longitude: -104.509590

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461310 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.820099 Longitude: -104.509803 PDOP: 1.6 Measurement Date: 11/19/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320094 Location Type: Well Site [] No Location ID
Name: BULLARD-63S64W Number: 2SENE
County: ADAMS
Qtr Qtr: SENE Section: 2 Township: 3S Range: 64W Meridian: 6
Latitude: 39.819593 Longitude: -104.510969

Flowline Start Point Riser

Latitude: 39.820073 Longitude: -104.510942 PDOP: 2.1 Measurement Date: 11/20/2017
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: 10/21/1981
 Maximum Anticipated Operating Pressure (PSI): 109 Testing PSI: 109
 Test Date: 04/13/2018

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: 11/19/2018 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: 1/29/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401841963	Form44 Submitted
401841969	PRESSURE TEST

Total Attach: 2 Files