

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION Receive Date: 11/19/2018 Document Number: 401842632

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: 460827 Location Type: Production Facilities Name: MILLER 31-31 1 (FKA 5-62) Number: County: ARAPAHOE Qtr Qtr: NWNE Section: 31 Township: 5S Range: 62W Meridian: 6 Latitude: 39.578387 Longitude: -104.362035

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461318 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.578172 Longitude: -104.362060 PDOP: 1.0 Measurement Date: 11/30/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320736 Location Type: Well Site [] No Location ID Name: MILLER 31-31 (5-62)-65S62W Number: 31NWNE County: ARAPAHOE Qtr Qtr: NWNE Section: 31 Township: 5S Range: 62W Meridian: 6 Latitude: 39.576960 Longitude: -104.368660

Flowline Start Point Riser

Latitude: 39.576949 Longitude: -104.368623 PDOP: 0.9 Measurement Date: 11/16/2017 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: 02/09/1978
Maximum Anticipated Operating Pressure (PSI): 74 Testing PSI: 74
Test Date: 04/18/2018

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: 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>
401842632	Form44 Submitted
401842636	PRESSURE TEST

Total Attach: 2 Files