

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

01/30/2019

Document Number:

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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: 10575 Contact Person: Jeff Rickard
Company Name: 8 NORTH LLC 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: 321339 Location Type: Production Facilities
Name: DONLEY-61N69W Number: 36NWNE
County: BOULDER
Qtr Qtr: NWNE Section: 36 Township: 1N Range: 69W Meridian: 6
Latitude: 40.011650 Longitude: -105.062120

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460626 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.011534 Longitude: -105.062440 PDOP: 0.9 Measurement Date: 05/20/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321339 Location Type: Well Site [] No Location ID
Name: DONLEY-61N69W Number: 36NWNE
County: BOULDER
Qtr Qtr: NWNE Section: 36 Township: 1N Range: 69W Meridian: 6
Latitude: 40.011650 Longitude: -105.062120

Flowline Start Point Riser

Latitude: 40.011625 Longitude: -105.062122 PDOP: 1.0 Measurement Date: 05/20/2017
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: 03/21/2018
Maximum Anticipated Operating Pressure (PSI): 479 Testing PSI: 479
Test Date: 03/21/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460627 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.011535 Longitude: -105.062432 PDOP: 0.9 Measurement Date: 05/20/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321409 Location Type: _____ Well Site No Location ID
Name: DONLEY MC-61N69W Number: 36SWNE
County: BOULDER
Qtr Qtr: SWNE Section: 36 Township: 1N Range: 69W Meridian: 6
Latitude: 40.009169 Longitude: -105.062103

Flowline Start Point Riser

Latitude: 40.009163 Longitude -105.062108 PDOP: 0.9 Measurement Date: 05/06/2017
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: 03/21/2018
Maximum Anticipated Operating Pressure (PSI): 660 Testing PSI: 660
Test Date: 03/21/2018

OFF LOCATION FLOWLINE ABANDONMENT

Date: 11/11/2018

Description of Abandonment

The entire 2" steel and 1" ploy line were removed.

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: 01/30/2019 Email: jrickard@extractionog.com

Print Name: Jeff Rickard Title: Regulatory Compliance Coo

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: _____

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files