

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

01/02/2019

Document Number:

401862803

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: 461138 Location Type: Production Facilities
Name: WILSON Number: 1160-29-22 JS
County: WELD
Qtr Qtr: NWNW Section: 29 Township: 11N Range: 60W Meridian: 6
Latitude: 40.896903 Longitude: -104.124462

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461645 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser
Latitude: 40.896903 Longitude: -104.124462 PDOP: 1.1 Measurement Date: 07/15/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 415293 Location Type: Well Site [] No Location ID
Name: WILSON Number: 1160-29-22
County: WELD
Qtr Qtr: NWNW Section: 29 Township: 11N Range: 60W Meridian: 6
Latitude: 40.897580 Longitude: -104.122890

Flowline Start Point Riser
Latitude: 40.897574 Longitude: -104.122923 PDOP: 1.3 Measurement Date: 07/15/2018
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: 06/18/2010
Maximum Anticipated Operating Pressure (PSI): 70 Testing PSI: 70
Test Date: 06/02/2017

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: 01/02/2019 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: 2/4/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401862803	Form44 Submitted
401862850	PRESSURE TEST

Total Attach: 2 Files