

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

01/18/2019

Document Number:

401894637

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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Production Facilities
Name: Schell 41, 42-6D Number:
County: WELD
Qtr Qtr: NENE Section: 6 Township: 3N Range: 67W Meridian: 6
Latitude: 40.262449 Longitude: -104.927922

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATIONFlowline End Point Riser

Latitude: 40.262420 Longitude: -104.927999 PDOP: 1.0 Measurement Date: 05/14/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 422945 Location Type: Well Site ☐ No Location ID
Name: Schell Number: 42-6
County: WELD
Qtr Qtr: NENE Section: 6 Township: 3N Range: 67W Meridian: 6
Latitude: 40.262120 Longitude: -104.927550

Flowline Start Point Riser

Latitude: 40.262121 Longitude: -104.927563 PDOP: 1.1 Measurement Date: 05/14/2017
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: 06/01/2011
Maximum Anticipated Operating Pressure (PSI): 750 Testing PSI: 625
Test Date: 05/10/2017

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.262423 Longitude: -104.927990 PDOP: 1.2 Measurement Date: 05/14/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 422945 Location Type: _____ Well Site ☐ No Location ID
Name: Schell Number: 42-6
County: WELD
Qtr Qtr: NENE Section: 6 Township: 3N Range: 67W Meridian: 6
Latitude: 40.262120 Longitude: -104.927550

Flowline Start Point Riser

Latitude: 40.262160 Longitude: -104.927560 PDOP: 1.1 Measurement Date: 05/07/2017
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: 05/26/2011
Maximum Anticipated Operating Pressure (PSI): 750 Testing PSI: 604
Test Date: 02/05/2018

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: 01/18/2019 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: _____

Attachment Check List

Att Doc Num**Name**

401894799

PRESSURE TEST

401894801

PRESSURE TEST

Total Attach: 2 Files