

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

12/21/2018

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: 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: 461140 Location Type: Production Facilities
Name: Ray State 13-16 Number: _____
County: WELD
Qtr Qtr: SWSW Section: 16 Township: 11N Range: 61W Meridian: 6
Latitude: 40.917200 Longitude: -104.218125

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461924 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.917254 Longitude: -104.217967 PDOP: 1.0 Measurement Date: 07/14/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305676 Location Type: Well Site ☐ No Location ID
Name: RAY STATE-611N61W Number: 16SWSW
County: WELD
Qtr Qtr: SWSW Section: 16 Township: 11N Range: 61W Meridian: 6
Latitude: 40.916350 Longitude: -104.216940

Flowline Start Point Riser

Latitude: 40.916365 Longitude: -104.216942 PDOP: 1.0 Measurement Date: 07/14/2018
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: 11/08/2005
Maximum Anticipated Operating Pressure (PSI): 180 Testing PSI: 185
Test Date: 09/29/2018

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: 12/21/2018 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: 2/12/2019**Attachment Check List****Att Doc Num****Name**

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Form44 Submitted

401864135

PRESSURE TEST

Total Attach: 2 Files