

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

02/14/2019

Document Number:

401940221

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 327044 Location Type: Production Facilities
Name: ROBB-PM F-65N65W Number: 15SWNE
County: WELD
Qtr Qtr: SWNE Section: 15 Township: 5N Range: 65W Meridian: 6
Latitude: 40.400550 Longitude: -104.646780

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457710 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.400903 Longitude: -104.646259 PDOP: 2.5 Measurement Date: 05/17/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327044 Location Type: Well Site [] No Location ID
Name: ROBB-PM F-65N65W Number: 15SWNE
County: WELD
Qtr Qtr: SWNE Section: 15 Township: 5N Range: 65W Meridian: 6
Latitude: 40.400550 Longitude: -104.646780

Flowline Start Point Riser

Latitude: 40.400543 Longitude: -104.646424 PDOP: 5.0 Measurement Date: 05/17/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 05/01/2010
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 540
Test Date: 05/03/2017

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/22/2018

Description of Abandonment

The entire 2" steel and 1" poly was removed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459250 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.400910 Longitude: -104.646208 PDOP: 2.5 Measurement Date: 06/06/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327044 Location Type: _____ Well Site No Location ID

Name: ROBB-PM F-65N65W Number: 15SWNE

County: WELD

Qtr Qtr: SWNE Section: 15 Township: 5N Range: 65W Meridian: 6

Latitude: 40.400550 Longitude: -104.646780

Flowline Start Point Riser

Latitude: 40.400488 Longitude -104.646406 PDOP: 2.6 Measurement Date: 05/04/2017

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: 03/27/2010
Maximum Anticipated Operating Pressure (PSI): 1000 Testing PSI: 525
Test Date: 05/13/2017

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

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: 02/14/2019 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: 2/25/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401940221	Form44 Submitted

Total Attach: 1 Files