

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

02/01/2019

Document Number:

401926690

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: 452644 Location Type: Production Facilities
Name: Box Elder 31-21, 41-21 Number: Tank Battery
County: ADAMS
Qtr Qtr: NWNE Section: 21 Township: 2S Range: 66W Meridian: 6
Latitude: 39.870535 Longitude: -104.778809

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 459568 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.870423 Longitude: -104.778771 PDOP: 1.3 Measurement Date: 07/17/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319956 Location Type: Production Facilities [ ] No Location ID
Name: BOX ELDER FARMS 31-21-62S66W Number: 21NWNE
County: ADAMS
Qtr Qtr: NWNE Section: 21 Township: 2S Range: 66W Meridian: 6
Latitude: 39.869130 Longitude: -104.778982

Flowline Start Point Riser

Latitude: 39.869104 Longitude: -104.778958 PDOP: 1.0 Measurement Date: 06/23/2018
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: 02/11/1979  
Maximum Anticipated Operating Pressure (PSI): 136 Testing PSI: 136  
Test Date: 05/04/2018

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 08/23/2018

**Description of Abandonment**

The entire 2" steel and 1" Ploy linbe were removed.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 459567 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 39.870428 Longitude: -104.778769 PDOP: 2.1 Measurement Date: 10/22/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 319781 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: BOX ELDER FARMS 41-21-62S66W Number: 21NENE

County: ADAMS

Qtr Qtr: NENE Section: 21 Township: 2S Range: 66W Meridian: 6

Latitude: 39.869055 Longitude: -104.774314

**Flowline Start Point Riser**

Latitude: 39.869059 Longitude -104.774339 PDOP: 2.6 Measurement Date: 10/26/2018

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.500  
Bedding Material: Native Materials Date Construction Completed: 10/06/1973  
Maximum Anticipated Operating Pressure (PSI): 136 Testing PSI: 136  
Test Date: 05/04/2018

**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: 02/01/2019 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401926690	Form44 Submitted

Total Attach: 1 Files