

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

01/30/2019

Document Number:

401923973

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: 459452 Location Type: Production Facilities
Name: Kallsen 24-9 #1, Madison 23-9 Number:
County: ADAMS
Qtr Qtr: SESW Section: 9 Township: 1S Range: 65W Meridian: 6
Latitude: 39.972581 Longitude: -104.669600

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460286 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.972581 Longitude: -104.669613 PDOP: 1.2 Measurement Date: 05/22/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320522 Location Type: Well Site [] No Location ID
Name: MADISON-61S65W Number: 9NESW
County: ADAMS
Qtr Qtr: NESW Section: 9 Township: 1S Range: 65W Meridian: 6
Latitude: 39.978240 Longitude: -104.672010

Flowline Start Point Riser

Latitude: 39.978225 Longitude: -104.672021 PDOP: 1.1 Measurement Date: 05/22/2017
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: 02/10/2005
Maximum Anticipated Operating Pressure (PSI): 230 Testing PSI: 230
Test Date: 04/10/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460287 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.972581 Longitude: -104.669600 PDOP: 1.2 Measurement Date: 05/16/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320034 Location Type: Well Site No Location ID

Name: KALLSEN 24-9-61S65W Number: 9SESW

County: ADAMS

Qtr Qtr: SESW Section: 9 Township: 1S Range: 65W Meridian: 6

Latitude: 39.975070 Longitude: -104.672560

Flowline Start Point Riser

Latitude: 39.975095 Longitude -104.672565 PDOP: 1.1 Measurement Date: 05/22/2017

Equipment at Start Point Riser: Separator

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: 01/23/1981
Maximum Anticipated Operating Pressure (PSI): 70 Testing PSI: 70
Test Date: 04/10/2018

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/25/2018

Description of Abandonment

The entire 2" steel and 1" ploy lises were removed.

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: 01/30/2019 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: 2/26/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401923973	Form44 Submitted

Total Attach: 1 Files