

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: 01/30/2019 Document Number: 401923542

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: 10575 Contact Person: Jeff Rickard Company Name: 8 NORTH LLC 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: 321339 Location Type: Production Facilities Name: DONLEY-61N69W Number: 36NWNE County: BOULDER Qtr Qtr: NWNE Section: 36 Township: 1N Range: 69W Meridian: 6 Latitude: 40.011650 Longitude: -105.062120

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460626 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.011534 Longitude: -105.062440 PDOP: 0.9 Measurement Date: 05/20/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321339 Location Type: Well Site [ ] No Location ID Name: DONLEY-61N69W Number: 36NWNE County: BOULDER Qtr Qtr: NWNE Section: 36 Township: 1N Range: 69W Meridian: 6 Latitude: 40.011650 Longitude: -105.062120

Flowline Start Point Riser

Latitude: 40.011625 Longitude: -105.062122 PDOP: 1.0 Measurement Date: 05/20/2017 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: 03/21/2018  
Maximum Anticipated Operating Pressure (PSI): 479 Testing PSI: 479  
Test Date: 03/21/2018

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service**

\_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 460627 Flowline Type: Wellhead Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.011535 Longitude: -105.062432 PDOP: 0.9 Measurement Date: 05/20/2017

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 321409 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: DONLEY MC-61N69W Number: 36SWNE

County: BOULDER

Qtr Qtr: SWNE Section: 36 Township: 1N Range: 69W Meridian: 6

Latitude: 40.009169 Longitude: -105.062103

**Flowline Start Point Riser**

Latitude: 40.009163 Longitude -105.062108 PDOP: 0.9 Measurement Date: 05/06/2017

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: 03/21/2018  
Maximum Anticipated Operating Pressure (PSI): 660 Testing PSI: 660  
Test Date: 03/21/2018

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 11/11/2018

**Description of Abandonment**

The entire 2" steel and 1" ploy line 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401923542	Form44 Submitted

Total Attach: 1 Files