

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

03/28/2019

Document Number:

401719826

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: 415021 Location Type: Production Facilities
 Name: Wake East Number: 32-N
 County: WELD
 Qtr Qtr: SWSE Section: 32 Township: 6N Range: 65W Meridian: 6
 Latitude: 40.438840 Longitude: -104.683980

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.438440 Longitude: -104.684067 PDOP: 2.3 Measurement Date: 05/20/2018
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 415021 Location Type: _____ Well Site No Location ID
 Name: Wake East Number: 32-N
 County: WELD
 Qtr Qtr: SWSE Section: 32 Township: 6N Range: 65W Meridian: 6
 Latitude: 40.438840 Longitude: -104.683980

Flowline Start Point Riser

Latitude: 40.438479 Longitude: -104.684312 PDOP: 3.0 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) 2.000
Bedding Material: Native Materials Date Construction Completed: 09/15/2010
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 1500
Test Date: 05/16/2017

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: 03/28/2019 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: _____

Attachment Check List

Att Doc Num	Name
401719836	PRESSURE TEST
401719838	LAYOUT DRAWING-ACTUAL
401988068	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 3 Files