

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

04/08/2019

Document Number:

401999262

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: 320086 Location Type: Production Facilities
Name: KALLSEN 32-9-61S65W Number: 9SWNE
County: ADAMS
Qtr Qtr: SWNE Section: 9 Township: 1S Range: 65W Meridian: 6
Latitude: 39.982290 Longitude: -104.665470

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463838 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.982054 Longitude: -104.665828 PDOP: 1.1 Measurement Date: 05/22/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320086 Location Type: Well Site [ ] No Location ID
Name: KALLSEN 32-9-61S65W Number: 9SWNE
County: ADAMS
Qtr Qtr: SWNE Section: 9 Township: 1S Range: 65W Meridian: 6
Latitude: 39.982290 Longitude: -104.665470

Flowline Start Point Riser

Latitude: 39.982305 Longitude: -104.665425 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: 11/11/1981  
Maximum Anticipated Operating Pressure (PSI): 251 Testing PSI: 251  
Test Date: 04/10/2018

**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: 04/08/2019 Email: Emartinez@h2eincorporated.com

Print Name: Emily Martinez Title: Environmental Scientist

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: 4/9/2019

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401999262	Form44 Submitted
401999320	PRESSURE TEST

Total Attach: 2 Files