

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

04/01/2019

Document Number:

401969860

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: 448663 Location Type: Production Facilities
Name: Farr Farms UPPR Location Number: 1
County: WELD
Qtr Qtr: NENE Section: 31 Township: 4N Range: 66W Meridian: 6
Latitude: 40.274932 Longitude: -104.811466

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463846 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.274926 Longitude: -104.811608 PDOP: 1.0 Measurement Date: 05/14/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323430 Location Type: Well Site [] No Location ID
Name: FARR FARMS-UPRR-64N66W Number: 31NENE
County: WELD
Qtr Qtr: NENE Section: 31 Township: 4N Range: 66W Meridian: 6
Latitude: 40.273536 Longitude: -104.813272

Flowline Start Point Riser

Latitude: 40.273700 Longitude: -104.813289 PDOP: 1.0 Measurement Date: 05/15/2017
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: 03/04/1986
Maximum Anticipated Operating Pressure (PSI): 450 Testing PSI: 450
Test Date: 05/03/2018

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: 04/01/2019 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: 4/10/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401969860	Form44 Submitted
401969888	PRESSURE TEST

Total Attach: 2 Files