

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

04/23/2019

Document Number:

402018308

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) 7375144
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: 460765 Location Type: Production Facilities
Name: DF Ranch 10-11, 13, 42, 44 Number: _____
County: WELD
Qtr Qtr: NENE Section: 10 Township: 11N Range: 61W Meridian: 6
Latitude: 40.936004 Longitude: -104.182587

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461368 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.936026 Longitude: -104.183039 PDOP: 1.0 Measurement Date: 07/14/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 415381 Location Type: Well Site ☐ No Location ID
Name: DF RANCH Number: 1161-10-13
County: WELD
Qtr Qtr: SWNE Section: 10 Township: 11N Range: 61W Meridian: 6
Latitude: 40.939460 Longitude: -104.189350

Flowline Start Point Riser

Latitude: 40.939455 Longitude: -104.189362 PDOP: 0.9 Measurement Date: 07/14/2018
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: 04/25/2010
Maximum Anticipated Operating Pressure (PSI): 130 Testing PSI: 130
Test Date: 09/20/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 461371 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.936022 Longitude: -104.183042 PDOP: 1.0 Measurement Date: 07/14/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302922 Location Type: _____ Well Site ☐ No Location ID

Name: DF RANCH-611N61W Number: 10NWSE

County: WELD

Qtr Qtr: NWSE Section: 10 Township: 11N Range: 61W Meridian: 6

Latitude: 40.934010 Longitude: -104.189130

Flowline Start Point Riser

Latitude: 40.934034 Longitude: -104.189148 PDOP: 1.0 Measurement Date: 07/14/2018
:

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: 05/22/2009
Maximum Anticipated Operating Pressure (PSI): 141 Testing PSI: 141
Test Date: 09/10/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 461370 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.936030 Longitude: -104.183037 PDOP: 1.0 Measurement Date: 07/21/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302813 Location Type: Well Site ☐ No Location ID
Name: DF RANCH-611N61W Number: 10NENE
County: WELD
Qtr Qtr: NENE Section: 10 Township: 11N Range: 61W Meridian: 6
Latitude: 40.941800 Longitude: -104.184310

Flowline Start Point Riser

Latitude: 40.941763 Longitude: -104.184300 PDOP: 1.1 Measurement Date: 07/13/2018
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: 04/27/2009
Maximum Anticipated Operating Pressure (PSI): 120 Testing PSI: 120
Test Date: 09/10/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461369 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.936024 Longitude: -104.183047 PDOP: 1.0 Measurement Date: 07/14/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302923 Location Type: Well Site ☐ No Location ID
Name: DF RANCH-611N61W Number: 10SESE
County: WELD
Qtr Qtr: SESE Section: 10 Township: 11N Range: 61W Meridian: 6
Latitude: 40.930460 Longitude: -104.184390

Flowline Start Point Riser

Latitude: 40.930474 Longitude: -104.184355 PDOP: 0.9 Measurement Date: 07/14/2018
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: 05/10/2009
Maximum Anticipated Operating Pressure (PSI): 141

Test Date: 09/12/2018

OFF LOCATION FLOWLINE ABANDONMENT

Date: 04/05/2019

Description of Abandonment

The entire 2" steel line was pulled and removed. The 1" poly line was unable to be pulled and was cut and capped below grade.

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: 04/23/2019 Email: jrickard@extractionog.com

Print Name: Jeff Rickard Title: Regulatory Compliance Co

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: 4/24/2019

Attachment Check List**Att Doc Num****Name**

402018308

Form44 Submitted

Total Attach: 1 Files