

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:

05/21/2019

Document Number:

402042944

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: 448678 Location Type: Production Facilities
Name: Shable TB Location Number: 30-41 30-43
County: WELD
Qtr Qtr: SENE Section: 30 Township: 11N Range: 61W Meridian: 6
Latitude: 40.893331 Longitude: -104.241587

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465287 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.893341 Longitude: -104.241774 PDOP: 1.6 Measurement Date: 10/05/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413879 Location Type: Well Site [] No Location ID
Name: SHABLE Number: 1161-30-41
County: WELD
Qtr Qtr: NESE Section: 30 Township: 11N Range: 61W Meridian: 6
Latitude: 40.891290 Longitude: -104.241700

Flowline Start Point Riser

Latitude: 40.891293 Longitude: -104.241696 PDOP: 0.9 Measurement Date: 04/05/2019
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: 07/01/2010
Maximum Anticipated Operating Pressure (PSI): 250 Testing PSI: 500
Test Date: 09/21/2018

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465288 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.893364 Longitude: -104.241765 PDOP: 2.3 Measurement Date: 10/05/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 412547 Location Type: Well Site No Location ID
Name: SHABLE Number: 1161-30-43
County: WELD
Qtr Qtr: SWSE Section: 30 Township: 11N Range: 61W Meridian: 6
Latitude: 40.887770 Longitude: -104.246350

Flowline Start Point Riser

Latitude: 40.887768 Longitude -104.246368 PDOP: 1.7 Measurement Date: 10/05/2018
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: 03/31/2010
Maximum Anticipated Operating Pressure (PSI): 190 Testing PSI: 500
Test Date: 09/26/2018

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: 05/21/2019 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: 6/12/2019

Attachment Check List

Att Doc Num	Name
402042944	Form44 Submitted
402043048	PRESSURE TEST
402043051	PRESSURE TEST

Total Attach: 3 Files