

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/16/2019

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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: 379852 Location Type: Production Facilities
Name: CULVER MC-61N69W Number: 17SWNE
County: BOULDER
Qtr Qtr: SWNE Section: 17 Township: 1N Range: 69W Meridian: 6
Latitude: 40.052558 Longitude: -105.138004

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.052670 Longitude: -105.137805 PDOP: 1.2 Measurement Date: 04/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 321302 Location Type: Well Site [ ] No Location ID
Name: CULVER-61N69W Number: 17SWNE
County: BOULDER
Qtr Qtr: SWNE Section: 17 Township: 1N Range: 69W Meridian: 6
Latitude: 40.051490 Longitude: -105.139250

Flowline Start Point Riser

Latitude: 40.051449 Longitude: -105.139255 PDOP: 1.2 Measurement Date: 04/12/2019
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.375  
Bedding Material: Native Materials Date Construction Completed: 03/02/1983  
Maximum Anticipated Operating Pressure (PSI): 1000 Testing PSI: 615  
Test Date: 03/13/2018

**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: 05/16/2019 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: \_\_\_\_\_

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
402046770	PRESSURE TEST

Total Attach: 1 Files