

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:

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 ☒ 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
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**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	<input type="checkbox"/> 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****Att Doc Num****Name**

402046770

PRESSURE TEST

Total Attach: 1 Files