

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/27/2019

Document Number:

402089575

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: 426717 Location Type: Production Facilities  
Name: Walton Number: 17-25 Facility  
County: WELD  
Qtr Qtr: NENE Section: 25 Township: 7N Range: 67W Meridian: 6  
Latitude: 40.552190 Longitude: -104.832496

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463237 Flowline Type: Wellhead Line Action Type: Removed From Service

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.552237 Longitude: -104.832395 PDOP: 1.0 Measurement Date: 05/12/2017  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 426719 Location Type: Well Site [ ] No Location ID  
Name: Walton Number: 17-25  
County: WELD  
Qtr Qtr: SENE Section: 25 Township: 7N Range: 67W Meridian: 6  
Latitude: 40.548420 Longitude: -104.836170

Flowline Start Point Riser

Latitude: 40.548422 Longitude: -104.836152 PDOP: 1.0 Measurement Date: 05/12/2017  
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: 01/23/2013  
Maximum Anticipated Operating Pressure (PSI): 2000 Testing PSI: 1600  
Test Date: 06/12/2018

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: 06/10/2019

Entire Line Removal

Partial Line Removal

**Description of Removal from Service**

The entire 2' steel and 1" poly line was dug up and removed. Flowline was a common line with the 17-25 well.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 463236 Flowline Type: Wellhead Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.552237 Longitude: -104.832395 PDOP: 1.0 Measurement Date: 05/12/2017

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 426724 Location Type: Well Site  No Location ID

Name: Walton Number: 8-25

County: WELD

Qtr Qtr: SENE Section: 25 Township: 7N Range: 67W Meridian: 6

Latitude: 40.547547 Longitude: -104.834361

**Flowline Start Point Riser**

Latitude: 40.547546 Longitude: -104.834343 PDOP: 1.0 Measurement Date: 05/08/2017

Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.375  
Bedding Material: Native Materials Date Construction Completed: 01/16/2013  
Maximum Anticipated Operating Pressure (PSI): 1600 Testing PSI: 1600  
Test Date: 06/12/2018

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 06/10/2019

**Description of Abandonment**

The entire 2' steel and 1" poly line was dug up and removed. Flowline was a common line with the 8-25 well.

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

[Empty text box for operator comments]

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 06/27/2019 Email: jrickard@extractionog.com

Print Name: Jeff Rickard Title: Regulatory Compliance Coo

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: 7/1/2019

### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402089575	Form44 Submitted

Total Attach: 1 Files