

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:

05/22/2019

Document Number:

402052093

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: 452648 Location Type: Production Facilities
Name: Colorado State A Number: CTB
County: ADAMS
Qtr Qtr: NWSW Section: 36 Township: 1S Range: 66W Meridian: 6
Latitude: 39.918156 Longitude: -104.732531

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464292 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.917934 Longitude: -104.732093 PDOP: 0.9 Measurement Date: 05/02/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320562 Location Type: Well Site [] No Location ID
Name: CO STATE A-61S66W Number: 36SESE
County: ADAMS
Qtr Qtr: SESE Section: 36 Township: 1S Range: 66W Meridian: 6
Latitude: 39.916140 Longitude: -104.716990

Flowline Start Point Riser

Latitude: 39.916151 Longitude: -104.716980 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: 04/09/2007
Maximum Anticipated Operating Pressure (PSI): 194 Testing PSI: 500
Test Date: 04/02/2018

OFF LOCATION FLOWLINE ABANDONMENT

Date: 03/22/2019

Description of Abandonment

The 2" Steel line and risers were pulled and removed. No 1" poly line existed.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464295 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.917929 Longitude: -104.732092 PDOP: 1.0 Measurement Date: 05/02/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319798 Location Type: _____ Well Site No Location ID

Name: STATE A-61S66W Number: 36SWSW

County: ADAMS

Qtr Qtr: SWSW Section: 36 Township: 1S Range: 66W Meridian: 6

Latitude: 39.916170 Longitude: -104.731200

Flowline Start Point Riser

Latitude: 39.916175 Longitude -104.731222 PDOP: 1.5 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: 03/09/1974
Maximum Anticipated Operating Pressure (PSI): 194 Testing PSI: 500
Test Date: 04/02/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464293 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.917934 Longitude: -104.732093 PDOP: 0.9 Measurement Date: 05/02/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320576 Location Type: Well Site No Location ID
Name: CO STATE A-61S66W Number: 36SESW
County: ADAMS
Qtr Qtr: SESW Section: 36 Township: 1S Range: 66W Meridian: 6
Latitude: 39.916140 Longitude: -104.726440

Flowline Start Point Riser

Latitude: 39.916151 Longitude: -104.726441 PDOP: 3.7 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: 05/09/2007
Maximum Anticipated Operating Pressure (PSI): 194 Testing PSI: 500
Test Date: 04/02/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464290 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.917934 Longitude: -104.732093 PDOP: 0.9 Measurement Date: 05/02/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320548 Location Type: Well Site No Location ID
Name: CO STATE A-61S66W Number: 36NWSE
County: ADAMS
Qtr Qtr: NWSE Section: 36 Township: 1S Range: 66W Meridian: 6
Latitude: 39.919765 Longitude: -104.721689

Flowline Start Point Riser

Latitude: 39.919767 Longitude: -104.721703 PDOP: 1.4 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: 05/02/2007
Maximum Anticipated Operating Pressure (PSI): 194

Test Date: 04/02/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

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FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464291 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 39.917934 Longitude: -104.732093 PDOP: 0.9 Measurement Date: 05/02/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location IdentificationLocation ID: 319795 Location Type: Well Site No Location ID

Name: STATE A-61S66W Number: 36SWSE

County: ADAMS

Qtr Qtr: SWSE Section: 36 Township: 1S Range: 66W Meridian: 6

Latitude: 39.916250 Longitude: -104.721770

Flowline Start Point Riser

Latitude: 39.916237 Longitude: -104.721776 PDOP: 1.4 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: 02/27/1974

Maximum Anticipated Operating Pressure (PSI): 194 Testing PSI: 500

Test Date: 03/19/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

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FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464294 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 39.917933 Longitude: -104.732082 PDOP: 1.1 Measurement Date: 05/02/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location IdentificationLocation ID: 319805 Location Type: Well Site No Location ID

Name: STATE A-61S66W Number: 36NESE

County: ADAMS

Qtr Qtr: NESE Section: 36 Township: 1S Range: 66W Meridian: 6

Latitude: 39.919680 Longitude: -104.716970

Flowline Start Point Riser

Latitude: 39.919688 Longitude: -104.716993 PDOP: 1.2 Measurement Date: 05/02/2019

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: 07/18/1974

Maximum Anticipated Operating Pressure (PSI): 194 Testing PSI: 500

Test Date: 04/02/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

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: 05/22/2019 Email: jrickard@extractionog.com

Print Name: Jeff Rickard Title: Regulatory Complainece 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: 6/10/2019

Attachment Check List

Att Doc Num	Name
402052093	Form 44 Approved-O
402068889	Form44 Submitted

Total Attach: 2 Files