

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: 12/05/2019 Document Number: 402255027

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 (CO811) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 319337 Location Type: Production Facilities Name: SCHAAL-64N68W Number: 20SESW County: WELD Qtr Qtr: SESW Section: 20 Township: 4N Range: 68W Meridian: 6 Latitude: 40.292550 Longitude: -105.028210

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458911 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.292716 Longitude: -105.027929 PDOP: 1.0 Measurement Date: 05/13/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302262 Location Type: Well Site [] No Location ID Name: SCHAAL-64N68W Number: 20SWSE County: WELD Qtr Qtr: SWSE Section: 20 Township: 4N Range: 68W Meridian: 6 Latitude: 40.292660 Longitude: -105.024510

Flowline Start Point Riser

Latitude: 40.292670 Longitude: -105.024505 PDOP: 1.0 Measurement Date: 05/13/2017 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: 11/24/2008
Maximum Anticipated Operating Pressure (PSI): 1500 Testing PSI: 1115
Test Date: 02/06/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458912 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.292719 Longitude: -105.027918 PDOP: 1.0 Measurement Date: 05/13/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302263 Location Type: Well Site No Location ID

Name: SCHAAL-64N68W Number: 20SESE

County: WELD

Qtr Qtr: SESE Section: 20 Township: 4N Range: 68W Meridian: 6

Latitude: 40.292740 Longitude: -105.019520

Flowline Start Point Riser

Latitude: 40.292732 Longitude -105.019526 PDOP: 1.0 Measurement Date: 05/13/2017

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: 12/06/2008
Maximum Anticipated Operating Pressure (PSI): 200 Testing PSI: 331
Test Date: 02/08/2018

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

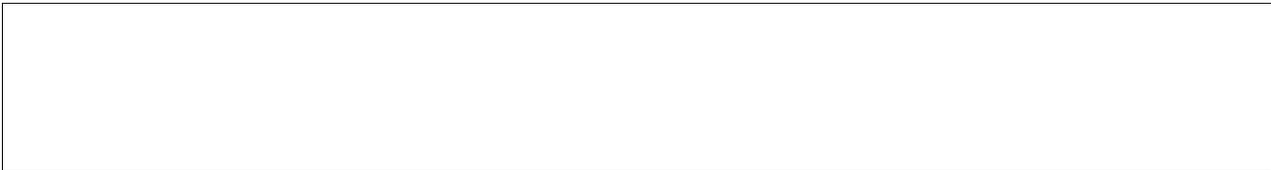
Date: 08/09/2018

Description of Removal from Service

Line runs through irrigated farm land. Line was flushed with fresh water, passed gas monitor sniff test, risers were removed, and line was threaded and bull plugged.

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: 12/05/2019 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: 5/20/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402255027	Form44 Submitted

Total Attach: 1 Files