

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:

12/17/2019

Document Number:

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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: 421085 Location Type: Production Facilities
Name: COX PC GK Number: 35-99HZ TANK
County: WELD
Qtr Qtr: NWSW Section: 35 Township: 11N Range: 61W Meridian: 6
Latitude: 40.877840 Longitude: -104.182020

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462637 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.878082 Longitude: -104.181749 PDOP: 1.2 Measurement Date: 07/15/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302861 Location Type: Well Site ☐ No Location ID
Name: COX-611N61W Number: 35NWNW
County: WELD
Qtr Qtr: NWNW Section: 35 Township: 11N Range: 61W Meridian: 6
Latitude: 40.883590 Longitude: -104.180520

Flowline Start Point Riser

Latitude: 40.883575 Longitude: -104.180530 PDOP: 1.3 Measurement Date: 07/15/2018
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: 02/21/2009
Maximum Anticipated Operating Pressure (PSI): 200 Testing PSI: 200
Test Date: 09/21/2018

OFF LOCATION FLOWLINE ABANDONMENT

Date: 11/21/2019

Description of Abandonment

The entire 3" steel line was removed from the ground. The 1" supply line was unable to be pulled, the risers were removed and the ploy line was flushed and cut and capped approx 4' below grade.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462631 Flowline Type: Wellhead Line Action Type: _____

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

Latitude: 40.877844 Longitude: -104.181571 PDOP: 1.1 Measurement Date: 07/15/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 421072 Location Type: _____ Well Site ☐ No Location ID
Name: COX PC GK Number: 35-99HZ
County: WELD
Qtr Qtr: SWSW Section: 35 Township: 11N Range: 61W Meridian: 6
Latitude: 40.872340 Longitude: -104.182000

Flowline Start Point Riser

Latitude: 40.872338 Longitude -104.182023 PDOP: 1.0 Measurement Date: 07/15/2018
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: 02/21/2011
Maximum Anticipated Operating Pressure (PSI): 200 Testing PSI: 200
Test Date: 09/21/2018

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: 12/17/2019 Email: jrickard@extractionog.com

Print Name: Jeff Rickard Title: Regulatory Compliance

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

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files