

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:

402264832

## 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 (CO811) 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 Verification

OFF LOCATION FLOWLINE REGISTRATIONFlowline 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 REMOVAL FROM SERVICE**

Date: 11/21/2019

**Description of Removal from Service**

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: 6/3/2020

### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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402264832	Form44 Submitted
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Total Attach: 1 Files