

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: 06/16/2020 Document Number: 402422269

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610

Operator Information

OGCC Operator Number: 10459 Contact Person: Nathan Bennett Company Name: EXTRACTION OIL & GAS INC Phone: (720) 354-4616 Address: 370 17TH STREET SUITE 5300 Email: nbennett@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: 415021 Location Type: Production Facilities Name: Wake East Number: 32-N County: WELD Qtr Qtr: SWSE Section: 32 Township: 6N Range: 65W Meridian: 6 Latitude: 40.438840 Longitude: -104.683980

Description of Corrosion Protection

Extraction's corrosion procedures are detailed in its Flowline Management SOP. Coating materials will be used that minimize internal and external corrosion, such as internally coated pipe or stainless steel for water service, and externally coated FBE on all buried steel pipe. If flowlines are repaired due to corrosion, Extraction will investigate the failure, promptly respond with the appropriate remedial actions and determine the root cause and apply corrective actions as necessary. Extraction retains records of its chemical program in the form of Failure Analysis Reports, records of chemical invoices and chemical delivery.

Description of Integrity Management Program

Extraction's integrity management program is detailed in its Flowline Management SOP, which covers flowline installation, operation, maintenance, inspection, testing, and repairs. Prior to beginning any project involving flowlines, Extraction ensures the project plans, flowline installation, flowline maintenance (including repairs) and all flowline inspection and testing projects meet the requirements of the Flowline Management SOP. All pressure tests on flowlines will be conducted by an independent, third party qualified to do such testing. Precautions shall be taken to protect employees and the general public.

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

N/A

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476490 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 432599 Location Type: Well Site
Name: Downtown Directional Number: 1
County: WELD No Location ID
Qtr Qtr: NWNE Section: 5 Township: 5N Range: 65W Meridian: 6
Latitude: 40.435443 Longitude: -104.683727

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: 02/13/2018
Maximum Anticipated Operating Pressure (PSI): 3250 Testing PSI: 3250
Test Date: 08/13/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476494 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 432599 Location Type: Well Site
Name: Downtown Directional Number: 1
County: WELD No Location ID
Qtr Qtr: NWNE Section: 5 Township: 5N Range: 65W Meridian: 6
Latitude: 40.435443 Longitude: -104.683727

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: 02/06/2018
Maximum Anticipated Operating Pressure (PSI): 3250 Testing PSI: 3250
Test Date: 08/13/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476489 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 432599 Location Type: Well Site
Name: Downtown Directional Number: 1
County: WELD No Location ID
Qtr Qtr: NWNE Section: 5 Township: 5N Range: 65W Meridian: 6
Latitude: 40.435443 Longitude: -104.683727

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: 02/16/2018
Maximum Anticipated Operating Pressure (PSI): 3250 Testing PSI: 3250
Test Date: 08/13/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476492 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 432599 Location Type: Well Site
Name: Downtown Directional Number: 1
County: WELD No Location ID
Qtr Qtr: NWNE Section: 5 Township: 5N Range: 65W Meridian: 6
Latitude: 40.435443 Longitude: -104.683727

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: 02/10/2018
Maximum Anticipated Operating Pressure (PSI): 3200 Testing PSI: 3200
Test Date: 08/13/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463607 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 415021 Location Type: _____ Well Site
Name: Wake East Number: 32-N
County: WELD No Location ID
Qtr Qtr: SWSE Section: 32 Township: 6N Range: 65W Meridian: 6
Latitude: 40.438840 Longitude: -104.683980

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 09/15/2010
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 1500
Test Date: 05/16/2017

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476491 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 432599 Location Type: _____ Well Site

Name: Downtown Directional Number: 1

County: WELD No Location ID

Qtr Qtr: NWNE Section: 5 Township: 5N Range: 65W Meridian: 6

Latitude: 40.435443 Longitude: -104.683727

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: 02/12/2018

Maximum Anticipated Operating Pressure (PSI): 3100 Testing PSI: 3100

Test Date: 08/13/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476487 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 432599 Location Type: _____ Well Site

Name: Downtown Directional Number: 1

County: WELD No Location ID

Qtr Qtr: NWNE Section: 5 Township: 5N Range: 65W Meridian: 6

Latitude: 40.435443 Longitude: -104.683727

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: 02/09/2018

Maximum Anticipated Operating Pressure (PSI): 3100 Testing PSI: 3100

Test Date: 08/13/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476488 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 432599 Location Type: _____ Well Site
Name: Downtown Directional Number: 1
County: WELD No Location ID
Qtr Qtr: NWNE Section: 5 Township: 5N Range: 65W Meridian: 6
Latitude: 40.435443 Longitude: -104.683727

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: 02/08/2018
Maximum Anticipated Operating Pressure (PSI): 3200 Testing PSI: 3200
Test Date: 08/13/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 476493 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 432599 Location Type: _____ Well Site
Name: Downtown Directional Number: 1
County: WELD No Location ID
Qtr Qtr: NWNE Section: 5 Township: 5N Range: 65W Meridian: 6
Latitude: 40.435443 Longitude: -104.683727

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: 02/04/2018
Maximum Anticipated Operating Pressure (PSI): 3250 Testing PSI: 3250
Test Date: 08/13/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

OPERATOR COMMENTS AND SUBMITTAL

Comments This form is being submitted as a December 1, 2020 update to include a gis shapefile and description of the integrity management plan and corrosion protection plan for these flowlines.

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

Signed: _____ Date: 06/16/2020 Email: emartinez@h2eincorporated.com

Print Name: Emily Martinez Title: Environmental Scientist

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

Att Doc Num	Name
402422276	OFF-LOCATION FLOWLINE GEODATABASE SHP
402422277	OFF-LOCATION FLOWLINE GEODATABASE SHP
402422279	OFF-LOCATION FLOWLINE GEODATABASE SHP
402422280	OFF-LOCATION FLOWLINE GEODATABASE SHP
402422282	OFF-LOCATION FLOWLINE GEODATABASE SHP
402422285	OFF-LOCATION FLOWLINE GEODATABASE SHP
402422286	OFF-LOCATION FLOWLINE GEODATABASE SHP
402422288	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 8 Files