

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: 07/23/2020 Document Number: 402449335

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 and

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: 461586 Location Type: Production Facilities Name: DF RANCH-611N61W Number: 2SWSW County: WELD Qtr Qtr: SWSW Section: 2 Township: 11N Range: 61W Meridian: 6 Latitude: 40.950971 Longitude: -104.181496

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.

NA

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461793 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 302825 Location Type: Well Site   
Name: DF RANCH-611N61W Number: 2NESW  
County: WELD No Location ID  
Qtr Qtr: NESW Section: 2 Township: 11N Range: 61W Meridian: 6  
Latitude: 40.949030 Longitude: -104.174640

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: 11/12/2009  
Maximum Anticipated Operating Pressure (PSI): 4 Testing PSI: 4  
Test Date: 06/06/2017

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

Date: 09/20/2018

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

The entire 2" steel line was removed. The 1" Poly line was flush, cut and capped approx. 4' below grade.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 461794 Flowline Type: Wellhead Line Action Type:

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 302610 Location Type: Well Site   
Name: DF RANCH-AG-611N61W Number: 2SWNW  
County: WELD No Location ID  
Qtr Qtr: SWNW Section: 2 Township: 11N Range: 61W Meridian: 6  
Latitude: 40.952840 Longitude: -104.179370

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: 12/13/2008  
Maximum Anticipated Operating Pressure (PSI): 34 Testing PSI: 34  
Test Date: 06/06/2017

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

Date: 09/20/2018

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

The entire 2" sttel line was removed. The 1" Poly was flushed, cut and capped approx 4' below grade.

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 461795 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 410183 Location Type: Well Site   
Name: DF RANCH-611N61W Number: 2SWSW  
County: WELD No Location ID  
Qtr Qtr: SWSW Section: 2 Township: 11N Range: 61W Meridian: 6  
Latitude: 40.945420 Longitude: -104.179490

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: 05/01/2009  
Maximum Anticipated Operating Pressure (PSI): 115 Testing PSI: 115  
Test Date: 08/27/2018

**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

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

Signed: \_\_\_\_\_ Date: 07/23/2020 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: 8/21/2020



## Conditions of Approval

**COA Type**

**Description**

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## Attachment Check List

**Att Doc Num**

**Name**

402449335	Form44 Submitted
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Total Attach: 1 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

