

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: 402449432

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 906.

Operator Information

OGCC Operator Number: 10575 Contact Person: Nathan Bennett Company Name: 8 NORTH LLC 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: 431336 Location Type: Production Facilities Name: DF RANCH Number: 1161-17-12 TANK County: WELD Qtr: SENE Section: 17 Township: 11N Range: 61W Meridian: 6 Latitude: 40.921260 Longitude: -104.221110

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: 461530 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 415459 Location Type: Well Site
Name: DF RANCH Number: 1161-17-12
County: WELD No Location ID
Qtr Qtr: NWNE Section: 17 Township: 11N Range: 61W Meridian: 6
Latitude: 40.926860 Longitude: -104.227490

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 05/02/2010
Maximum Anticipated Operating Pressure (PSI): 74 Testing PSI: 74
Test Date: 06/15/2017

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

Date: 08/23/2018

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

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461529 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414981 Location Type: Well Site
Name: DF RANCH Number: 1161-17-42
County: WELD No Location ID
Qtr Qtr: NWSE Section: 17 Township: 11N Range: 61W Meridian: 6
Latitude: 40.919770 Longitude: -104.227490

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: 05/13/2010
Maximum Anticipated Operating Pressure (PSI): 370 Testing PSI: 370
Test Date: 09/28/2018

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 This form is being submitted as a December 1, 2020 update to include a description of the integrity management plan and corrosion protection plan for this flowline. The gis shapefile was already submitted with the original registration for this flowline and therefore is not attached to this submission.

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: 8/31/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

| | |
|-----------|------------------|
| 402449432 | 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)

