

State of Colorado
Energy & Carbon Management Commission

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ECMC RECEPTION

Receive Date:

08/07/2024

Document Number:

403828494

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

ECMC Operator Number: 10459 Contact Person: James Miller
Company Name: EXTRACTION OIL & GAS INC Phone: (720) 984-7460
Address: 555 17TH STREET SUITE 3700 Email: jmiller@civiresources.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: 463216 Location Type: Production Facilities
Name: Schell 41, 42-6D Number:
County: WELD
Qtr Qtr: NENE Section: 6 Township: 3N Range: 67W Meridian: 6
Latitude: 40.262449 Longitude: -104.927922

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: 463587 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 422945 Location Type: Well Site
Name: Schell Number: 42-6
County: WELD No Location ID
Qtr Qtr: NENE Section: 6 Township: 3N Range: 67W Meridian: 6
Latitude: 40.262120 Longitude: -104.927550

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: 05/26/2011
Maximum Anticipated Operating Pressure (PSI): 700 Testing PSI: 604
Test Date: 02/05/2018

OFF LOCATION FLOWLINE Abandonment Verification

Date: 05/29/2024

Abandonment Verification

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).
(No Jurisdiction)

Description of Abandonment Verification:

The flowline serving the Schell 41-06 (05-123-33460) was removed in its entirety. Bellholes were dug on average every 80 feet and the line pulled. Once the flowline was removed, all areas that needed it were backfilled and the land surface was graded.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463586 Flowline Type: Wellhead Line Action Type: Abandonment Verification

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 422945 Location Type: Well Site
Name: Schell Number: 42-6
County: WELD No Location ID
Qtr Qtr: NENE Section: 6 Township: 3N Range: 67W Meridian: 6
Latitude: 40.262120 Longitude: -104.927550

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: 06/01/2011

Maximum Anticipated Operating Pressure (PSI): 750 Testing PSI: 625

Test Date: 05/10/2017

OFF LOCATION FLOWLINE Abandonment Verification

Date: 05/29/2024

Abandonment Verification

The abandoned Off-Location Flowline was located within the jurisdiction(s) of the following local government(s).

(No Jurisdiction)

Description of Abandonment Verification:

The flowline serving the Schell 42-06 (05-123-33461) was removed in its entirety. Bellholes were dug on average every 80 feet and the line pulled. Once the flowline was removed, all areas that needed it were backfilled and the land surface was graded.

OPERATOR COMMENTS AND SUBMITTAL

Comments Form 44 filed to report POST-ABANDONMENT verification. The following flowlines were removed:
12333461FL : serviced Schell 42-06 (05-123-33461)
12333460FL: serviced Schell 41-06 (05-123-33460)

Updated GIS data attached.

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

Signed: _____ Date: 08/07/2024 Email: flowlines@civiresources.com

Print Name: Stephany Olsen Title: Sr. Regulatory Analyst

Based on the information provided herein, this Flowline Report complies with ECMC Rules and applicable orders and is hereby approved.

ECMC Approved: _____ Director of ECMC Date: _____

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

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ATTACHMENT LIST

Att Doc Num

Name

403844397	OFF-LOCATION FLOWLINE GIS SHP
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)