

State of Colorado Energy & Carbon Management Commission

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ECMC RECEPTION

Receive Date:

07/31/2024

Document Number:

403866250

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 463225 Location Type: Well Site
Name: Hippen UU 32-2,13; Pezoldt UU 32-4J Number:
County: WELD
Qtr Qtr: NWSW Section: 32 Township: 1N Range: 68W Meridian: 6
Latitude: 40.005221 Longitude: -105.032149

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 INFORMATIONFlowline Facility ID: 463602 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: 327754 Location Type: Well Site
Name: HIPPEN-61N68W Number: 32NWSW
County: WELD No Location ID
Qtr Qtr: NWSW Section: 32 Township: 1N Range: 68W Meridian: 6
Latitude: 40.004840 Longitude: -105.033310Equipment 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: 09/22/1991
Maximum Anticipated Operating Pressure (PSI): 215 Testing PSI: 215
Test Date: 04/04/2018**OFF LOCATION FLOWLINE Abandonment Verification**Date: 01/06/2020**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 Hippen 2-32 (05-123-15113) was removed in its entirety via the open trench method. The trench was backfilled and the land surface graded.

FLOWLINE FACILITY INFORMATIONFlowline Facility ID: 463601 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: 329328 Location Type: Well Site
Name: PEZOLDT UU-61N68W Number: 32NWSE
County: WELD No Location ID
Qtr Qtr: NWSE Section: 32 Township: 1N Range: 68W Meridian: 6
Latitude: 40.005064 Longitude: -105.024384Equipment at Start Point Riser: Separator**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: 08/09/1993

Maximum Anticipated Operating Pressure (PSI): 281 Testing PSI: 281

Test Date: 04/04/2018

OFF LOCATION FLOWLINE Abandonment Verification

Date: 01/06/2020

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 Pezoldt UU 32-04J (05-123-17184) was abandoned in place as per Rule 1105.e.

OPERATOR COMMENTS AND SUBMITTAL

Comments Form 44 filed to report POST-ABANDONMENT verifications.

The following flowline was abandoned in place:
12317184FL: serviced Pezoldt UU 32-04J (05-123-17184)
Pressure test attached.
The 12317184FL was abandoned in place and does not have any associated spill/releases reported on a Form 19.

The following flowline was removed:
12315113FL: serviced Hippen 2-32 (05-123-15113)

GIS data is not included; these flowlines were abandoned prior to the current GIS requirements and there is not legacy data on the as-built flowline paths.

Post-abandonment form 42s were previously submitted on doc #402298014 (Hippen 2-32) and doc #402281428 (Pezoldt UU 32-04J). Duplicate Form 44 post-abandonment verification submitted to close out off-location registration.

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

Signed: _____ Date: 07/31/2024 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

403866383	PRESSURE TEST
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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)