

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/02/2018

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Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 10459 Contact Person: Jeff Rickard
Company Name: EXTRACTION OIL & GAS INC Phone: (720) 7375144
Address: 370 17TH STREET SUITE 5300 Email: Jrickard@extractionog.com
City: DENVER State: CO Zip: 80202
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 426723 Location Type: Production Facilities
Name: Hergert Number: 1-35 Facility
County: WELD
Qtr Qtr: NENE Section: 35 Township: 7N Range: 67W Meridian: 6
Latitude: 40.534896 Longitude: -104.853820

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.534953 Longitude: -104.853690 PDOP: 1.3 Measurement Date: 05/12/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 426734 Location Type: Well Site [] No Location ID
Name: Hergert Number: 8-35
County: WELD
Qtr Qtr: SENE Section: 35 Township: 7N Range: 67W Meridian: 6
Latitude: 40.532093 Longitude: -104.853905

Flowline Start Point Riser

Latitude: 40.532107 Longitude: -104.853907 PDOP: 1.3 Measurement Date: 05/11/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.375
Bedding Material: Native Materials Date Construction Completed: 01/25/2012
Maximum Anticipated Operating Pressure (PSI): 2000 Testing PSI: 1700
Test Date: 04/03/2017

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: 11/02/2018 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 |
|--------------------|---------------|
| 401819205 | PRESSURE TEST |

Total Attach: 1 Files