

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

01/18/2019

Document Number:

401890767

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) 737-5144	
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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: _____ Location Type: Production Facilities

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

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.005208 Longitude: -105.032151 PDOP: 1.0 Measurement Date: 05/20/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329328 Location Type: Well Site ☐ No Location ID

Name: PEZOLDT UU-61N68W Number: 32NWSE

County: WELD

Qtr Qtr: NWSE Section: 32 Township: 1N Range: 68W Meridian: 6

Latitude: 40.005064 Longitude: -105.024384

Flowline Start Point Riser

Latitude: 40.005045 Longitude: -105.024387 PDOP: 1.1 Measurement Date: 05/20/2017

Equipment 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): 500 Testing PSI: 281
Test Date: 04/04/2018

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.005221 Longitude: -105.032149 PDOP: 1.1 Measurement Date: 05/20/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327754 Location Type: Well Site ☐ No Location ID
Name: HIPPEN-61N68W Number: 32NWSW
County: WELD
Qtr Qtr: NWSW Section: 32 Township: 1N Range: 68W Meridian: 6
Latitude: 40.004840 Longitude: -105.033310

Flowline Start Point Riser

Latitude: 40.004818 Longitude: -105.033268 PDOP: 1.0 Measurement Date: 05/20/2017
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: 09/22/1991
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 215
Test Date: 04/04/2018

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: 01/18/2019 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**

401890775

PRESSURE TEST

401890779

PRESSURE TEST

Total Attach: 2 Files