

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

12/27/2018

Document Number:

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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: 10575 Contact Person: Jeff Rickard
Company Name: 8 NORTH LLC 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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Production Facilities
Name: COX 35-22 Number:
County: WELD
Qtr Qtr: NWSW Section: 35 Township: 11N Range: 61W Meridian: 6
Latitude: 40.878082 Longitude: -104.181749

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.878082 Longitude: -104.181749 PDOP: 1.2 Measurement Date: 07/15/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302861 Location Type: Well Site [] No Location ID
Name: COX-611N61W Number: 35NWNW
County: WELD
Qtr Qtr: NWNW Section: 35 Township: 11N Range: 61W Meridian: 6
Latitude: 40.883590 Longitude: -104.180520

Flowline Start Point Riser

Latitude: 40.883575 Longitude: -104.180530 PDOP: 1.3 Measurement Date: 07/15/2018
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: 02/21/2009
Maximum Anticipated Operating Pressure (PSI): 500 Testing PSI: 200
Test Date: 09/21/2018

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: 12/27/2018 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
401870751	PRESSURE TEST

Total Attach: 1 Files