

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

05/16/2019

Document Number:

402047022

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: 424783 Location Type: Production Facilities
Name: Lyn USX Number: MC05-62HN Tank
County: BOULDER
Qtr Qtr: NWSE Section: 5 Township: 1N Range: 69W Meridian: 6
Latitude: 40.079910 Longitude: -105.140450

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.079928 Longitude: -105.140299 PDOP: 0.9 Measurement Date: 04/05/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 289474 Location Type: Well Site [] No Location ID
Name: LYN USX MC Number: 5-23
County: BOULDER
Qtr Qtr: NESE Section: 5 Township: 1N Range: 69W Meridian: 6
Latitude: 40.076399 Longitude: -105.136005

Flowline Start Point Riser

Latitude: 40.076392 Longitude: -105.136021 PDOP: 1.0 Measurement Date: 04/06/2019
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: 05/05/2008
Maximum Anticipated Operating Pressure (PSI): 1000 Testing PSI: 584
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.079930 Longitude: -105.140299 PDOP: 0.9 Measurement Date: 04/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 300422 Location Type: _____ Well Site No Location ID
Name: LYN USX MC Number: 05-05
County: BOULDER
Qtr Qtr: SWNW Section: 5 Township: 1N Range: 69W Meridian: 6
Latitude: 40.081857 Longitude: -105.147908

Flowline Start Point Riser

Latitude: 40.081862 Longitude -105.147901 PDOP: 0.9 Measurement Date: 04/01/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.750
Bedding Material: Native Materials Date Construction Completed: 09/30/2009
Maximum Anticipated Operating Pressure (PSI): 1000 Testing PSI: 710
Test Date: 03/15/2018

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: 05/16/2019 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
402047037	PRESSURE TEST
402047038	PRESSURE TEST

Total Attach: 2 Files