

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: 12/17/2019 Document Number: 402265494

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 336002 Location Type: Production Facilities Name: DUMP UU-61N68W Number: 28NWNE County: WELD Qtr Qtr: NWNE Section: 28 Township: 1N Range: 68W Meridian: 6 Latitude: 40.028231 Longitude: -105.005732

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463024 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.028611 Longitude: -105.005825 PDOP: 0.9 Measurement Date: 05/31/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336002 Location Type: Well Site [ ] No Location ID Name: DUMP UU-61N68W Number: 28NWNE County: WELD Qtr Qtr: NWNE Section: 28 Township: 1N Range: 68W Meridian: 6 Latitude: 40.028231 Longitude: -105.005732

Flowline Start Point Riser

Latitude: 40.028316 Longitude: -105.005736 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: 06/16/2008  
Maximum Anticipated Operating Pressure (PSI): 450 Testing PSI: 490  
Test Date: 03/22/2018

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 11/14/2019

**Description of Abandonment**

The entire 2" steel line was removed from the ground. No 1" poly line existed

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 463023 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.028616 Longitude: -105.005822 PDOP: 1.1 Measurement Date: 05/22/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 336002 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: DUMP UU-61N68W Number: 28NWNE

County: WELD

Qtr Qtr: NWNE Section: 28 Township: 1N Range: 68W Meridian: 6

Latitude: 40.028231 Longitude: -105.005732

**Flowline Start Point Riser**

Latitude: 40.028238 Longitude -105.005732 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: 06/12/2008  
Maximum Anticipated Operating Pressure (PSI): 700 Testing PSI: 705  
Test Date: 03/22/2018

**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: \_\_\_\_\_

**Description of Removal from Service**

\_\_\_\_\_

**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: 12/17/2019 Email: jrickard@extractionog.com

Print Name: Jeff Rickard Title: Regulatory Compliance

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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files