

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:

05/09/2019

Document Number:

402036731

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: 8960 Contact Person: Fred Kayser
Company Name: BONANZA CREEK ENERGY OPERATING COMPANY LLC Phone: (303) 335-6904
Address: 410 17TH STREET SUITE #1400 Email: FKayser@bonanzacrck.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: 418320 Location Type: Well Site
Name: North Platte Sec 34 Number: Tank Battery
County: WELD
Qtr Qtr: SESE Section: 27 Township: 5N Range: 63W Meridian: 6
Latitude: 40.363120 Longitude: -104.413920

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.363843 Longitude: -104.413676 PDOP: Measurement Date: 05/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413457 Location Type: Well Site [] No Location ID
Name: North Platte Number: 32-34
County: WELD
Qtr Qtr: NWNE Section: 34 Township: 5N Range: 63W Meridian: 6
Latitude: 40.361340 Longitude: -104.420120

Flowline Start Point Riser

Latitude: 40.361372 Longitude: -104.420139 PDOP: Measurement Date: 05/01/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 05/02/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.363852 Longitude: -104.413669 PDOP: _____ Measurement Date: 05/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 412522 Location Type: _____ Well Site No Location ID
Name: NORTH PLATTE Number: 41-34
County: WELD
Qtr Qtr: NENE Section: 34 Township: 5N Range: 63W Meridian: 6
Latitude: 40.361360 Longitude: -104.415060

Flowline Start Point Riser

Latitude: 40.361381 Longitude -104.415068 PDOP: _____ Measurement Date: 05/01/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 06/05/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.363749 Longitude: -104.414005 PDOP: _____ Measurement Date: 05/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 412522 Location Type: _____ Well Site No Location ID
Name: NORTH PLATTE Number: 41-34
County: WELD
Qtr Qtr: NENE Section: 34 Township: 5N Range: 63W Meridian: 6
Latitude: 40.361360 Longitude: -104.415060

Flowline Start Point Riser

Latitude: 40.361307 Longitude -104.414958 PDOP: Measurement Date: 05/01/2019

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 07/24/2013

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.363848 Longitude: -104.413672 PDOP: Measurement Date: 05/01/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413457 Location Type: Well Site No Location ID

Name: North Platte Number: 32-34

County: WELD

Qtr Qtr: NWNE Section: 34 Township: 5N Range: 63W Meridian: 6

Latitude: 40.361340 Longitude: -104.420120

Flowline Start Point Riser

Latitude: 40.361389 Longitude -104.420148 PDOP: Measurement Date: 05/01/2019

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 05/02/2012

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.363864 Longitude: -104.413655 PDOP: Measurement Date: 05/01/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 412522 Location Type: Well Site No Location ID

Name: NORTH PLATTE Number: 41-34

County: WELD

Qtr Qtr: NENE Section: 34 Township: 5N Range: 63W Meridian: 6
Latitude: 40.361360 Longitude: -104.415060

Flowline Start Point Riser

Latitude: 40.361286 Longitude -104.415092 PDOP: _____ Measurement Date: 05/01/2019

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 06/25/2012

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

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: 05/09/2019 Email: FKayser@bonanzacrk.com

Print Name: Fred Kayser Title: EHS Specialist

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
402036852	OFF-LOCATION FLOWLINE GEODATABASE GDB
402036853	FLOWLINE LAYOUT DRAWING

Total Attach: 2 Files