

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:

05/17/2019

Document Number:

402047133

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 Phone: (303) 335-6904
LLC
Address: 410 17TH STREET SUITE #1400 Email: Fkayser@bonanzacrk.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: 436023 Location Type: Well Site
Name: State Whitetail Number: O-36 Pad
County: WELD
Qtr Qtr: SWSE Section: 36 Township: 6N Range: 62W Meridian: 6
Latitude: 40.437890 Longitude: -104.271360

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464695 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.437560 Longitude: -104.271192 PDOP: Measurement Date: 05/14/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 431198 Location Type: Well Site [] No Location ID
Name: State Antelope Number: K-1 Pad
County: WELD
Qtr Qtr: NENW Section: 1 Township: 5N Range: 62W Meridian: 6
Latitude: 40.435370 Longitude: -104.271870

Flowline Start Point Riser

Latitude: 40.436134 Longitude: -104.271354 PDOP: Measurement Date: 05/14/2019
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 4.000
Bedding Material: Native Materials Date Construction Completed: 06/10/2014
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: 05/17/2019 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: 5/29/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402047133	Form44 Submitted
402047143	OFF-LOCATION FLOWLINE GEODATABASE GDB
402047144	FLOWLINE LAYOUT DRAWING

Total Attach: 3 Files