

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:

05/29/2019

Document Number:

402047960

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: 420123 Location Type: Well Site
Name: State Antelope Number: 11-14-1HZ
County: WELD
Qtr Qtr: Lot 4 Section: 1 Township: 5N Range: 62W Meridian: 6
Latitude: 40.436000 Longitude: -104.278520

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464698 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.436442 Longitude: -104.278396 PDOP: Measurement Date: 05/14/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 420115 Location Type: Well Site [] No Location ID
Name: State Whitetail Number: 14-11-36HZ
County: WELD
Qtr Qtr: SWSW Section: 36 Township: 6N Range: 62W Meridian: 6
Latitude: 40.439170 Longitude: -104.279100

Flowline Start Point Riser

Latitude: 40.439166 Longitude: -104.279175 PDOP: Measurement Date: 05/14/2019
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: 10/16/2011
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: 05/29/2019 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>
402047960	Form44 Submitted
402047984	FLOWLINE LAYOUT DRAWING
402048407	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 3 Files