

State of Colorado  
Oil and Gas Conservation Commission1120 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 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 ☒ 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****Att Doc Num****Name**

402047960	Form44 Submitted
402047984	FLOWLINE LAYOUT DRAWING
402048407	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 3 Files