

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/30/2019

Document Number:

402058481

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: 432677 Location Type: Well Site
Name: State Antelope Number: P-32 Pad
County: WELD
Qtr Qtr: NENE Section: 32 Township: 5N Range: 62W Meridian: 6
Latitude: 40.361860 Longitude: -104.342340

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464800 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.361536 Longitude: -104.341633 PDOP: Measurement Date: 05/15/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 432287 Location Type: Well Site ☐ No Location ID
Name: Antelope Number: B-33 Pad
County: WELD
Qtr Qtr: SWNW Section: 33 Township: 5N Range: 62W Meridian: 6
Latitude: 40.359390 Longitude: -104.336720

Flowline Start Point Riser

Latitude: 40.359941 Longitude: -104.336244 PDOP: Measurement Date: 05/15/2019
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 6.000
Bedding Material: Native Materials Date Construction Completed: 09/01/2013
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: 05/30/2019 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: 6/3/2019**Attachment Check List****Att Doc Num****Name**

| | |
|-----------|---------------------------------------|
| 402058481 | Form44 Submitted |
| 402058483 | FLOWLINE LAYOUT DRAWING |
| 402058484 | OFF-LOCATION FLOWLINE GEODATABASE GDB |

Total Attach: 3 Files