

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: 09/03/2019 Document Number: 402164054

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) 3356904 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: 305245 Location Type: Production Facilities Name: 70 Ranch Number: 11-27 County: WELD Qtr Qtr: NWNW Section: 27 Township: 5N Range: 63W Meridian: 6 Latitude: 40.375440 Longitude: -104.429500

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467205 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.375180 Longitude: -104.429347 PDOP: Measurement Date: 09/03/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331058 Location Type: Well Site [] No Location ID Name: Perkins Number: 12-27 County: WELD Qtr Qtr: SWNW Section: 27 Township: 5N Range: 63W Meridian: 6 Latitude: 40.372360 Longitude: -104.428750

Flowline Start Point Riser

Latitude: 40.372300 Longitude: -104.428630 PDOP: Measurement Date: 09/03/2019 Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 07/10/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467206 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.375196 Longitude: -104.429393 PDOP: _____ Measurement Date: 09/03/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331058 Location Type: _____ Well Site No Location ID
Name: Perkins Number: 12-27
County: WELD
Qtr Qtr: SWNW Section: 27 Township: 5N Range: 63W Meridian: 6
Latitude: 40.372360 Longitude: -104.428750

Flowline Start Point Riser

Latitude: 40.372420 Longitude -104.428710 PDOP: _____ Measurement Date: 09/03/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 07/10/2012
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: 09/03/2019 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: 9/3/2019

Attachment Check List

Att Doc Num **Name**

402164054	Form44 Submitted
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Total Attach: 1 Files