

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:

01/15/2019

Document Number:

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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) 3356904  
LLC  
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: 305105 Location Type: Well Site  
Name: WETCO FARMS-64N63W Number: 4NWSW  
County: WELD  
Qtr Qtr: NWSW Section: 4 Township: 4N Range: 63W Meridian: 6  
Latitude: 40.339280 Longitude: -104.449440

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.339504 Longitude: -104.452318 PDOP: Measurement Date: 01/15/2019  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 274246 Location Type: Well Site [ ] No Location ID  
Name: WETCO FARMS Number: 13-4  
County: WELD  
Qtr Qtr: NWSW Section: 4 Township: 4N Range: 63W Meridian: 6  
Latitude: 40.339280 Longitude: -104.449440

Flowline Start Point Riser

Latitude: 40.339287 Longitude: -104.449469 PDOP: Measurement Date: 01/12/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 01/09/2005  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Peripheral Piping Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.339504 Longitude: -104.452318 PDOP: \_\_\_\_\_ Measurement Date: 01/15/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 274246 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: WETCO FARMS Number: 13-4  
County: WELD  
Qtr Qtr: NWSW Section: 4 Township: 4N Range: 63W Meridian: 6  
Latitude: 40.339280 Longitude: -104.449440

**Flowline Start Point Riser**

Latitude: 40.339287 Longitude: -104.449469 PDOP: \_\_\_\_\_ Measurement Date: 01/15/2019  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 01/09/2005  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

The two lines being registered in the Form 44 were abandoned on 12/14/2018 by complete removal from the subsurface. No figure has been provided. This well was purchased from another operator so the line construction date is unknown. The date provided is the well spud date, obtained off the COGIS Facility Inquiry website.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
Signed: \_\_\_\_\_ Date: 01/15/2019 Email: Fkayser@Bonanzacrk.com  
Print Name: Fred Kayser Title: Env. 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: \_\_\_\_\_

**Attachment Check List**

**Att Doc Num**      **Name**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>

Total Attach: 0 Files