

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:

02/20/2019

Document Number:

401938265

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: 305105 Location Type: Production Facilities
Name: WETCO FARMS Number: 13-4
County: WELD
Qtr Qtr: NWSW Section: 4 Township: 4N Range: 63W Meridian: 6
Latitude: 40.339544 Longitude: -104.452169

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.339550 Longitude: -104.452169 PDOP: Measurement Date: 02/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305105 Location Type: Well Site [] No Location ID
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 Start Point Riser

Latitude: 40.339280 Longitude: -104.449440 PDOP: 1.9 Measurement Date: 07/12/2006
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: _____ Max Outer Diameter:(Inches) 1.000
Bedding Material: _____ Date Construction Completed: 07/12/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.339550 Longitude: -104.452169 PDOP: _____ Measurement Date: 02/12/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305105 Location Type: _____ Well Site No Location ID
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 Start Point Riser

Latitude: 40.339280 Longitude -104.449440 PDOP: 1.9 Measurement Date: 07/12/2006
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: _____ Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 07/12/2006
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: 02/20/2019 Email: jhess@bonanzacrck.com
Print Name: John Hess Title: EHS Manager

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**

401944921	LAYOUT DRAWING-ACTUAL
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Total Attach: 1 Files