

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date: 02/22/2019

Document Number: 401883099

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) 335-6904
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: Location Type: Manifold
Name: SNP O-26 to SNP I-26 Oil Tie-In Number:
County: WELD
Qtr Qtr: SWSE Section: 26 Township: 5N Range: 63W Meridian: 6
Latitude: 40.363854 Longitude: -104.402471

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.363854 Longitude: -104.402471 PDOP: 6.1 Measurement Date: 12/20/2018
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 434745 Location Type: Well Site [] No Location ID
Name: State North Platte Number: O-26 Pad
County: WELD
Qtr Qtr: SWSE Section: 26 Township: 5N Range: 63W Meridian: 6
Latitude: 40.364592 Longitude: -104.403061

Flowline Start Point Riser

Latitude: 40.364146 Longitude: -104.402020 PDOP: 9.9 Measurement Date: 12/20/2018
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Pipe Material: HDPE Max Outer Diameter:(Inches) 4.550
 Bedding Material: Native Materials Date Construction Completed: 05/06/2018
 Maximum Anticipated Operating Pressure (PSI): 80 Testing PSI: 500
 Test Date: 05/06/2018

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: 02/22/2019 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: _____

Attachment Check List

Att Doc Num	Name
401883099	Form44 Submitted
401892312	OFF-LOCATION FLOWLINE GEODATABASE GDB
401892313	FLOWLINE LAYOUT DRAWING
401948060	PRESSURE TEST

Total Attach: 4 Files