

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:

03/01/2019

Document Number:

401956544

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: 462742 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: -104.452240

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462830 Flowline Type: Peripheral Piping Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.339504 Longitude: -104.452218 PDOP: Measurement Date: 01/15/2019
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: 40.339287 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: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 12/14/2018

Description of Abandonment

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.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462829 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.339504 Longitude: -104.452218 PDOP: _____ Measurement Date: 01/15/2019
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: 40.339287 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: _____

OFF LOCATION FLOWLINE ABANDONMENT

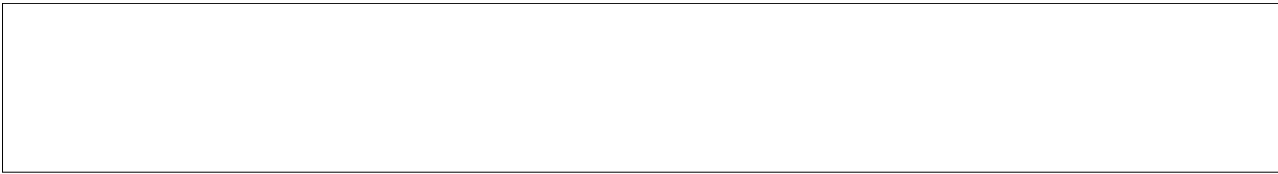
Date: 12/14/2018

Description of Abandonment

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.

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: 03/01/2019 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

<u>Att Doc Num</u>	<u>Name</u>
401956571	LAYOUT DRAWING-ACTUAL

Total Attach: 1 Files