

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

03/04/2019

Document Number:

401958508

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) 335-6904
LLC
Address: 410 17TH STREET SUITE #1400 Email: Fkayser@bonanzacrk.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 ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 455363 Location Type: Well Site
Name: North Platte Number: I-21 Pad
County: WELD
Qtr Qtr: NESW Section: 21 Township: 5N Range: 63W Meridian: 6
Latitude: 40.381683 Longitude: -104.445536

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.381234 Longitude: -104.446155 PDOP: 4.5 Measurement Date: 02/22/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 441915 Location Type: Well Site ☐ No Location ID
Name: North Platte Number: T-27 Pad
County: WELD
Qtr Qtr: SESW Section: 27 Township: 5N Range: 63W Meridian: 6
Latitude: 40.366780 Longitude: -104.422710

Flowline Start Point Riser

Latitude: 40.366928 Longitude: -104.420647 PDOP: 4.7 Measurement Date: 02/22/2019
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 4.550
Bedding Material: Native Materials Date Construction Completed: 08/14/2018
Maximum Anticipated Operating Pressure (PSI): 1000 Testing PSI: 2210
Test Date: 08/14/2018

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: 03/04/2019 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**

401958529	PRESSURE TEST
401958531	OFF-LOCATION FLOWLINE GEODATABASE GDB
401958898	FLOWLINE LAYOUT DRAWING

Total Attach: 3 Files