

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

05/06/2019

Document Number:

402032702

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: 331805 Location Type: Production Facilities
Name: North Platte 44-11-28HZ Number: Facility
County: WELD
Qtr Qtr: NENE Section: 33 Township: 5N Range: 63W Meridian: 6
Latitude: 40.360940 Longitude: -104.433750

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.360994 Longitude: -104.434253 PDOP: Measurement Date: 05/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 423849 Location Type: Well Site ☐ No Location ID
Name: North Platte Number: 44-11-28HZ
County: WELD
Qtr Qtr: NENE Section: 33 Township: 5N Range: 63W Meridian: 6
Latitude: 40.360300 Longitude: -104.432800

Flowline Start Point Riser

Latitude: 40.360286 Longitude: -104.432818 PDOP: Measurement Date: 05/01/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 1.000
Bedding Material: Native Materials Date Construction Completed: 08/14/2011
Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 200
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.360996 Longitude: -104.434250 PDOP: _____ Measurement Date: 05/01/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 423849 Location Type: Well Site ☐ No Location ID
Name: North Platte Number: 44-11-28HZ
County: WELD
Qtr Qtr: NENE Section: 33 Township: 5N Range: 63W Meridian: 6
Latitude: 40.360300 Longitude: -104.432800

Flowline Start Point Riser

Latitude: 40.360289 Longitude: -104.432817 PDOP: _____ Measurement Date: 05/01/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 08/14/2011
Maximum Anticipated Operating Pressure (PSI): 100 Testing PSI: 200
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Construction date used was the FDOP date.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 05/06/2019 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>
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402032748	OFF-LOCATION FLOWLINE GEODATABASE GDB
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402033215	FLOWLINE LAYOUT DRAWING
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Total Attach: 2 Files