

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: 05/17/2019 Document Number: 402046829

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: 431184 Location Type: Well Site Name: Pronghorn Number: T-3 Pad County: WELD Qtr Qtr: SESE Section: 3 Township: 5N Range: 61W Meridian: 6 Latitude: 40.424300 Longitude: -104.189430

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464682 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.424483 Longitude: -104.190502 PDOP: Measurement Date: 05/20/2019 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 436242 Location Type: Well Site [] No Location ID Name: Pronghorn Number: P-10 Pad County: WELD Qtr Qtr: NWNE Section: 10 Township: 5N Range: 61W Meridian: 6 Latitude: 40.422000 Longitude: -104.190260

Flowline Start Point Riser

Latitude: 40.421987 Longitude: -104.190278 PDOP: Measurement Date: 05/14/2019 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: 09/01/2014
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

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: 05/17/2019 Email: FKayser@bonanzack.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: 5/29/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402046829	Form44 Submitted
402046848	FLOWLINE LAYOUT DRAWING
402046850	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 3 Files