

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:

402046857

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: 433145 Location Type: Well Site
Name: Pronghorn Number: J-4 Pad
County: WELD
Qtr Qtr: SESW Section: 4 Township: 5N Range: 61W Meridian: 6
Latitude: 40.423920 Longitude: -104.218610

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464685 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.423922 Longitude: -104.218097 PDOP: Measurement Date: 04/30/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 431481 Location Type: Well Site [] No Location ID
Name: Pronghorn Number: T-4 Pad
County: WELD
Qtr Qtr: SESE Section: 4 Township: 5N Range: 61W Meridian: 6
Latitude: 40.424030 Longitude: -104.208900

Flowline Start Point Riser

Latitude: 40.423093 Longitude: -104.210270 PDOP: Measurement Date: 05/14/2019
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 4.000
Bedding Material: Native Materials Date Construction Completed: 08/16/2014
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> |
|---------------------------|---------------------------------------|
| 402046857 | Form44 Submitted |
| 402046876 | OFF-LOCATION FLOWLINE GEODATABASE GDB |
| 402046877 | FLOWLINE LAYOUT DRAWING |

Total Attach: 3 Files