

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: 402046880

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: 431481 Location Type: Well Site
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 FACILITY INFORMATION

Flowline Facility ID: 464684 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.424297 Longitude: -104.209951 PDOP: Measurement Date: 05/14/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 433145 Location Type: Well Site [] No Location ID
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 Start Point Riser

Latitude: 40.423945 Longitude: -104.218641 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: 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>
402046880	Form44 Submitted
402046883	OFF-LOCATION FLOWLINE GEODATABASE GDB
402046884	FLOWLINE LAYOUT DRAWING

Total Attach: 3 Files