

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/20/2019

Document Number:

402047996

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: 420115 Location Type: Well Site
Name: State Whitetail Number: 14-11-36HZ
County: WELD
Qtr Qtr: SWSW Section: 36 Township: 6N Range: 62W Meridian: 6
Latitude: 40.439170 Longitude: -104.279100

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.439169 Longitude: -104.279176 PDOP: Measurement Date: 05/14/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 420123 Location Type: Production Facilities [] No Location ID
Name: State Antelope Number: 11-14-1HZ
County: WELD
Qtr Qtr: Lot 4 Section: 1 Township: 5N Range: 62W Meridian: 6
Latitude: 40.436000 Longitude: -104.278520

Flowline Start Point Riser

Latitude: 40.436443 Longitude: -104.278389 PDOP: Measurement Date: 05/14/2019
Equipment at Start Point Riser: Separator

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: 10/07/2011
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: 05/20/2019 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
402048013	FLOWLINE LAYOUT DRAWING
402048409	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 2 Files