

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:

05/23/2019

Document Number:

402052139

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: 435653 Location Type: Well Site
Name: Antelope Number: T-18 Pad
County: WELD
Qtr Qtr: SWSE Section: 18 Township: 5N Range: 62W Meridian: 6
Latitude: 40.393900 Longitude: -104.361580

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464720 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.393988 Longitude: -104.360651 PDOP: Measurement Date: 05/15/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 418173 Location Type: Well Site ☐ No Location ID
Name: ANTELOPE Number: 18I TB
County: WELD
Qtr Qtr: NESE Section: 18 Township: 5N Range: 62W Meridian: 6
Latitude: 40.395910 Longitude: -104.359340

Flowline Start Point Riser

Latitude: 40.395525 Longitude: -104.359049 PDOP: Measurement Date: 05/15/2019
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: 02/06/2014
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: 05/23/2019 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: 5/30/2019

Attachment Check List**Att Doc Num****Name**

| | |
|-----------|---------------------------------------|
| 402052139 | Form44 Submitted |
| 402052142 | FLOWLINE LAYOUT DRAWING |
| 402053170 | OFF-LOCATION FLOWLINE GEODATABASE GDB |

Total Attach: 3 Files