

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:

09/05/2019

Document Number:

402166614

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) 3356904
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: 423766 Location Type: Well Site
Name: Antelope Number: 14-20
County: WELD
Qtr Qtr: SWSW Section: 20 Township: 5N Range: 62W Meridian: 6
Latitude: 40.379950 Longitude: -104.355000

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467328 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.379677 Longitude: -104.355142 PDOP: Measurement Date: 09/04/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 423761 Location Type: Well Site ☐ No Location ID
Name: Antelope Number: 24-20
County: WELD
Qtr Qtr: SESW Section: 20 Township: 5N Range: 62W Meridian: 6
Latitude: 40.379670 Longitude: -104.349950

Flowline Start Point Riser

Latitude: 40.379670 Longitude: -104.349950 PDOP: Measurement Date: 09/04/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 09/23/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467329 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 40.379677 Longitude: -104.355140 PDOP: _____ Measurement Date: 09/04/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 423761 Location Type: _____ Well Site ☐ No Location ID
Name: Antelope Number: 24-20
County: WELD
Qtr Qtr: SESW Section: 20 Township: 5N Range: 62W Meridian: 6
Latitude: 40.379670 Longitude: -104.349950

Flowline Start Point Riser

Latitude: 40.379670 Longitude: -104.350010 PDOP: _____ Measurement Date: 09/04/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Crude Oil Emulsion Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 09/29/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Flowlines were installed before May 1,2018. No initial psi test found, used well bore complete data as pipeline complete date.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 09/05/2019 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: 9/9/2019

Attachment Check List

Att Doc Num**Name**

402166614

Form44 Submitted

Total Attach: 1 Files