

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: 09/05/2019 Document Number: 402166677

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) 3356904 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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 423761 Location Type: Well Site 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 FACILITY INFORMATION

Flowline Facility ID: 467330 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

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

Flowline Start Point Location Identification

Location ID: 423766 Location Type: Production Facilities [] No Location ID 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 Start Point Riser

Latitude: 40.379699 Longitude: -104.355181 PDOP: Measurement Date: 09/04/2019 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: 09/29/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467331 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

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

Flowline Start Point Location Identification

Location ID: 423766 Location Type: Production Facilities No Location ID
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 Start Point Riser

Latitude: 40.379699 Longitude -104.355181 PDOP: _____ Measurement Date: 09/04/2019
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: 09/23/2011
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**

402166677	Form44 Submitted
-----------	------------------

Total Attach: 1 Files