

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

09/11/2019

Document Number:

402173015

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@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 No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 310067 Location Type: Production Facilities
Name: North Platte Number: 23-24
County: WELD
Qtr Qtr: NESW Section: 24 Township: 5N Range: 63W Meridian: 6
Latitude: 40.382860 Longitude: -104.386920

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467431 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.382751 Longitude: -104.386500 PDOP: Measurement Date: 09/10/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310065 Location Type: Well Site No Location ID
Name: North Platte Number: 24-24 Pad
County: WELD
Qtr Qtr: SESW Section: 24 Township: 5N Range: 63W Meridian: 6
Latitude: 40.379220 Longitude: -104.386670

Flowline Start Point Riser

Latitude: 40.379220 Longitude: -104.386670 PDOP: Measurement Date: 09/10/2019
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: 10/11/2008
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.
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 09/11/2019 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: 9/12/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402173015	Form44 Submitted

Total Attach: 1 Files