

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: 09/11/2019 Document Number: 402173043

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@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: 310742 Location Type: Well Site Name: North Platte Number: 33-13 County: WELD Qtr Qtr: NWSE Section: 13 Township: 5N Range: 63W Meridian: 6 Latitude: 40.397390 Longitude: -104.382390

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.397447 Longitude: -104.382342 PDOP: Measurement Date: 09/10/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 319357 Location Type: Production Facilities [] No Location ID Name: CHAMPLIN-65N63W Number: 13SWSE County: WELD Qtr Qtr: SWSE Section: 13 Township: 5N Range: 63W Meridian: 6 Latitude: 40.394470 Longitude: -104.381310

Flowline Start Point Riser

Latitude: 40.394671 Longitude: -104.381288 PDOP: Measurement Date: 09/10/2019 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: 11/03/2008
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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files