

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:

05/08/2019

Document Number:

402035264

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 (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 413457 Location Type: Well Site
Name: North Platte Number: 32-34
County: WELD
Qtr Qtr: NWNE Section: 34 Township: 5N Range: 63W Meridian: 6
Latitude: 40.361340 Longitude: -104.420120

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464361 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.361400 Longitude: -104.419888 PDOP: Measurement Date: 05/01/2019
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 413974 Location Type: Manifold ☐ No Location ID
Name: North Platte Number: 41-34 Pad
County: WELD
Qtr Qtr: NENE Section: 34 Township: 5N Range: 63W Meridian: 6
Latitude: 40.361390 Longitude: -104.415070

Flowline Start Point Riser

Latitude: 40.361688 Longitude: -104.414823 PDOP: Measurement Date: 05/01/2019
Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 05/31/2010
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: 05/08/2019 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: 5/14/2019

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402035264	Form 44 Approved-O
402036601	FLOWLINE LAYOUT DRAWING
402036604	OFF-LOCATION FLOWLINE GEODATABASE GDB
402042770	Form44 Submitted

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

