

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: 09/12/2019 Document Number: 402164372

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 (CO811) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 323296 Location Type: Well Site Name: ANKENEY Number: 2-28 Pad County: WELD Qtr Qtr: NWNE Section: 28 Township: 6N Range: 64W Meridian: 6 Latitude: 40.462890 Longitude: -104.553190

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 477947 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.462890 Longitude: -104.553190 PDOP: Measurement Date: 09/03/2019 Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 467663 Location Type: Production Facilities [] No Location ID Name: ANKENEY Number: 2-28 Pad County: WELD Qtr Qtr: NWNE Section: 28 Township: 6N Range: 64W Meridian: 6 Latitude: 40.463697 Longitude: -104.553056

Flowline Start Point Riser

Latitude: 40.463728 Longitude: -104.553063 PDOP: Measurement Date: 09/03/2019 Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 1.000
Bedding Material: Native Materials Date Construction Completed: 11/09/2006
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. This is a supply gas line from the Seperator to the Well head.

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

Signed: _____ Date: 09/12/2019 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: 9/14/2020

Conditions of Approval

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402164372	Form44 Submitted
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

