

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/11/2018

Document Number:

401637272

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: 100322 Contact Person: LOGAN BOUGHAL
Company Name: NOBLE ENERGY INC Phone: (832) 6397447
Address: 1001 NOBLE ENERGY WAY Email: LOGAN.BOUGHAL@NBLEENERGY.COM
City: HOUSTON State: TX Zip: 77070
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: Location Type: Production Facilities
Name: CANNON Number: X02-27 TANK
County: WELD
Qtr Qtr: SESE Section: 35 Township: 3N Range: 65W Meridian: 6
Latitude: 40.176880 Longitude: -104.625050

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455248 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.176700 Longitude: -104.624800 PDOP: 3.9 Measurement Date: 08/16/2011
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 418266 Location Type: Well Site [] No Location ID
Name: CANNON H Number: 35-22
County: WELD
Qtr Qtr: NWSE Section: 35 Township: 3N Range: 65W Meridian: 6
Latitude: 40.181180 Longitude: -104.626500

Flowline Start Point Riser

Latitude: 40.181190 Longitude: -104.626510 PDOP: 3.9 Measurement Date: 08/15/2011
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 09/21/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments WE PLAN ON DECOMMISSIONING THIS LINE, AND WILL REPORT MORE ACCURATE GPS DATA AFTER DOING SO.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 05/11/2018 Email: LOGAN.BOUGHAL@NBLENERGY.CO
M

Print Name: LOGAN BOUGHAL Title: REGULATORY ANALYST II

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: 5/30/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401637272	Form 44 Approved-O

Total Attach: 1 Files