

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:

05/11/2018

Document Number:

401637358

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 No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Production Facilities
Name: DECHANT STATE H Number: 36-19 TANK
County: WELD
Qtr Qtr: SENW Section: 36 Township: 3N Range: 65W Meridian: 6
Latitude: 40.184810 Longitude: -104.612950

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455414 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.184810 Longitude: -104.612950 PDOP: 6.0 Measurement Date: 07/20/2006
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329005 Location Type: Well Site No Location ID
Name: SPIKE STATE H-63N65W Number: 36SEW
County: WELD
Qtr Qtr: SENW Section: 36 Township: 3N Range: 65W Meridian: 6
Latitude: 40.184242 Longitude: -104.616179

Flowline Start Point Riser

Latitude: 40.184242 Longitude: -104.616179 PDOP: 5.9 Measurement Date: 07/20/2006
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: 10/20/1992
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455415 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.184810 Longitude: -104.612950 PDOP: 6.0 Measurement Date: 07/20/2006
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328483 Location Type: Well Site No Location ID
Name: SPIKE STATE GWS-63N65W Number: 36NENW
County: WELD
Qtr Qtr: NENW Section: 36 Township: 3N Range: 65W Meridian: 6
Latitude: 40.187410 Longitude: -104.614070

Flowline Start Point Riser

Latitude: 40.187410 Longitude: -104.614070 PDOP: 6.0 Measurement Date: 07/20/2006
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: 10/20/1992
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455416 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.184810 Longitude: -104.612950 PDOP: 6.0 Measurement Date: 07/20/2006
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328482 Location Type: Well Site No Location ID
Name: SPIKE STATE GWS-63N65W Number: 36NWNW
County: WELD
Qtr Qtr: NWNW Section: 36 Township: 3N Range: 65W Meridian: 6
Latitude: 40.187640 Longitude: -104.619400

Flowline Start Point Riser

Latitude: 40.187640 Longitude -104.619400 PDOP: 6.0 Measurement Date: 07/20/2006

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: 10/20/1992

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

THESE ARE WILL BE DECOMMISSIONED AND WE WILL REPORT MORE ACCURATE GPS DATA POST DECOMMISSIONING.

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.COM

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: 6/14/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401637358	Form 44 Approved-O

Total Attach: 1 Files