

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: 05/16/2018 Document Number: 401642458

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: 305592 Location Type: Production Facilities
Name: STATE M-66N67W Number: 36NESE
County: WELD
Qtr Qtr: NESE Section: 36 Township: 6N Range: 67W Meridian: 6
Latitude: 40.442710 Longitude: -104.833300

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455419 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.442730 Longitude: -104.832890 PDOP: 1.5 Measurement Date: 05/10/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305591 Location Type: Well Site [] No Location ID
Name: STATE M-66N67W Number: 36SWNE
County: WELD
Qtr Qtr: SWNE Section: 36 Township: 6N Range: 67W Meridian: 6
Latitude: 40.445060 Longitude: -104.839510

Flowline Start Point Riser

Latitude: 40.445060 Longitude: -104.839510 PDOP: 1.7 Measurement Date: 05/10/2017
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: 03/27/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments we plan on decommissioning this well, and will report back more accurate data at a later date.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 05/16/2018 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>
401642458	Form 44 Approved-O

Total Attach: 1 Files