

State of Colorado  
Oil and Gas Conservation Commission1120 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 ☒ 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****Att Doc Num****Name**

401642458

Form 44 Approved-O

Total Attach: 1 Files