

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: 06/14/2018 Document Number: 401673655

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: 446700 Location Type: Production Facilities
Name: MACBAIN Number: 1
County: WELD
Qtr Qtr: NENE Section: 32 Township: 5N Range: 65W Meridian: 6
Latitude: 40.362791 Longitude: -104.680410

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456006 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.362790 Longitude: -104.680400 PDOP: 1.2 Measurement Date: 12/10/1984
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322771 Location Type: Well Site [] No Location ID
Name: MCBAIN (BAINBRIDGE)-65N65W Number: 32NENE
County: WELD
Qtr Qtr: NENE Section: 32 Township: 5N Range: 65W Meridian: 6
Latitude: 40.361790 Longitude: -104.680280

Flowline Start Point Riser

Latitude: 40.361790 Longitude: -104.680280 PDOP: 1.2 Measurement Date: 12/10/1984
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: 12/10/1984
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments WE PLAN ON DECOMMISSIONING THESE LINES, AND WILL REPORT MORE ACCURATE GPS DATA AFTER WORK IS PERFORMED.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 06/14/2018 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: 7/13/2018

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files