

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:

06/28/2018

Document Number:

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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: Latrese Ousley
Company Name: NOBLE ENERGY INC Phone: (832) 639-7441
Address: 1001 NOBLE ENERGY WAY Email: Latrese.Ousley@nblenergy.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: 433229 Location Type: Production Facilities
Name: Shable Federal PC AB Number: 11-69-1HN Tank
County: WELD
Qtr Qtr: NENW Section: 11 Township: 7N Range: 64W Meridian: 6
Latitude: 40.594610 Longitude: -104.518520

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456007 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.594543 Longitude: -104.518677 PDOP: 1.7 Measurement Date: 05/20/2009
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310215 Location Type: Well Site No Location ID
Name: SHABLE USX AB-67N64W Number: 11SEW
County: WELD
Qtr Qtr: SENW Section: 11 Township: 7N Range: 64W Meridian: 6
Latitude: 40.589491 Longitude: -104.518777

Flowline Start Point Riser

Latitude: 40.589491 Longitude: -104.518777 PDOP: 1.7 Measurement Date: 05/20/2009
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: 10/20/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456008 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.594543 Longitude: -104.518677 PDOP: 4.5 Measurement Date: 07/10/2010
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413209 Location Type: Well Site No Location ID
Name: SHABLE USX AB Number: 11-02
County: WELD
Qtr Qtr: NWNE Section: 11 Township: 7N Range: 64W Meridian: 6
Latitude: 40.593150 Longitude: -104.513580

Flowline Start Point Riser

Latitude: 40.593286 Longitude: -104.514254 PDOP: 4.5 Measurement Date: 07/10/2010
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: 11/24/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456009 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.594543 Longitude: -104.518677 PDOP: 1.5 Measurement Date: 02/10/2008
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310767 Location Type: Well Site No Location ID
Name: SHABLE USX AB-67N64W Number: 11NENW
County: WELD
Qtr Qtr: NENW Section: 11 Township: 7N Range: 64W Meridian: 6
Latitude: 40.593138 Longitude: -104.518668

Flowline Start Point Riser

Latitude: 40.593138 Longitude -104.518668 PDOP: 1.5 Measurement Date: 02/10/2008

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: 03/18/2009

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

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

We plan on decommissioning these lines and will report back more accurate coordinates at a later date.
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 06/28/2018 Email: Latrese.Ousley@nblenergy.com

Print Name: Latrese Ousley Title: Regulatory Analyst

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