

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

09/04/2018

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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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 327218 Location Type: Production Facilities
Name: ASHTON K Number: 04-28D
County: WELD
Qtr Qtr: SWSW Section: 33 Township: 5N Range: 66W Meridian: 6
Latitude: 40.350880 Longitude: -104.791280

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457699 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.351320 Longitude: -104.791000 PDOP: Measurement Date: 05/26/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327218 Location Type: Well Site [] No Location ID
Name: ASHTON K Number: 04-28D
County: WELD
Qtr Qtr: SWSW Section: 33 Township: 5N Range: 66W Meridian: 6
Latitude: 40.350880 Longitude: -104.791280

Flowline Start Point Riser

Latitude: 40.350880 Longitude: -104.791280 PDOP: Measurement Date: 05/18/2017
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: 08/30/1989
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.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 09/04/2018 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: 10/1/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files