

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:

06/14/2018

Document Number:

401659547

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: 332600 Location Type: Production Facilities
Name: FRITZLER-64N66W Number: 22SWNE
County: WELD
Qtr Qtr: SWNE Section: 22 Township: 4N Range: 66W Meridian: 6
Latitude: 40.299060 Longitude: -104.761690

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457785 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.301174 Longitude: -104.760230 PDOP: 1.5 Measurement Date: 05/08/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332600 Location Type: Well Site ☐ No Location ID
Name: FRITZLER-64N66W Number: 22SWNE
County: WELD
Qtr Qtr: SWNE Section: 22 Township: 4N Range: 66W Meridian: 6
Latitude: 40.299060 Longitude: -104.761690

Flowline Start Point Riser

Latitude: 40.298940 Longitude: -104.761680 PDOP: 1.6 Measurement Date: 04/20/2017
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: 02/10/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments we plan on decommissioning this line, and will submit updated gps coordinates after decommissioning.

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.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: 10/5/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files