

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

09/27/2018

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401773946

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: 331689 Location Type: Production Facilities
Name: WELLS-65N63W Number: 11SWNW
County: WELD
Qtr Qtr: SWNW Section: 11 Township: 5N Range: 63W Meridian: 6
Latitude: 40.415756 Longitude: -104.411070

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458057 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.415756 Longitude: -104.411070 PDOP: Measurement Date: 06/28/2010
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331689 Location Type: Well Site [] No Location ID
Name: WELLS-65N63W Number: 11SWNW
County: WELD
Qtr Qtr: SWNW Section: 11 Township: 5N Range: 63W Meridian: 6
Latitude: 40.415756 Longitude: -104.411070

Flowline Start Point Riser

Latitude: 40.416110 Longitude: -104.410190 PDOP: Measurement Date: 06/28/2010
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: 11/03/2003
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: 09/27/2018 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: 10/17/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401773946	Form44 Submitted

Total Attach: 1 Files