

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:

06/19/2018

Document Number:

401678127

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: 418375 Location Type: Production Facilities
Name: GUTTERSEN D Number: 03-33 TANK
County: WELD
Qtr Qtr: SESE Section: 4 Township: 3N Range: 64W Meridian: 6
Latitude: 40.249110 Longitude: -104.549110

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458134 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.248993 Longitude: -104.550500 PDOP: 1.7 Measurement Date: 05/10/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327763 Location Type: Well Site [] No Location ID
Name: MARIE-63N64W Number: 4NESE
County: WELD
Qtr Qtr: NESE Section: 4 Township: 3N Range: 64W Meridian: 6
Latitude: 40.252650 Longitude: -104.549160

Flowline Start Point Riser

Latitude: 40.252650 Longitude: -104.549160 PDOP: 1.7 Measurement Date: 05/10/2017
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: 10/21/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458135 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.248970 Longitude: -104.550500 PDOP: 1.9 Measurement Date: 05/10/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305411 Location Type: Well Site No Location ID
Name: MARIE D-63N64W Number: 4SWSE
County: WELD
Qtr Qtr: SWSE Section: 4 Township: 3N Range: 64W Meridian: 6
Latitude: 40.250740 Longitude: -104.551300

Flowline Start Point Riser

Latitude: 40.250740 Longitude: -104.551300 PDOP: 1.9 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: 07/10/2005
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458136 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.248940 Longitude: -104.550500 PDOP: 1.7 Measurement Date: 05/10/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 418375 Location Type: Well Site No Location ID
Name: GUTTERSEN D Number: 03-33 TANK
County: WELD
Qtr Qtr: SESE Section: 4 Township: 3N Range: 64W Meridian: 6
Latitude: 40.249110 Longitude: -104.549110

Flowline Start Point Riser

Latitude: 40.249110 Longitude -104.549110 PDOP: 1.7 Measurement Date: 05/10/2017

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: 07/27/2011

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: 06/19/2018 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

Att Doc Num	Name

Total Attach: 0 Files