FORM 44 Rev 03/18

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Off-Location Flowline

OGCC RECEPTION
Receive Date: 10/01/2018
Document Number: 401779757

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: 447566 Location Type: Production Facilities
Name: BAINBRIDGE 1 Number:
County: WELD
Qtr Qtr: NWNE Section: 32 Township: 5N Range: 65W Meridian: 6
Latitude: 40.362032 Longitude: -104.685080

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458146 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.362000 Longitude: -104.685000 PDOP: Measurement Date: 05/13/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323188 Location Type: Well Site ☐ No Location ID
Name: BAINBRIDGE-65N65W Number: 32NWNE
County: WELD
Qtr Qtr: NWNE Section: 32 Township: 5N Range: 65W Meridian: 6
Latitude: 40.361090 Longitude: -104.684940

Flowline Start Point Riser

Latitude: 40.361090 Longitude: -104.684940 PDOP: Measurement Date: 05/13/2017
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: 01/20/1986

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: 10/01/2018 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: 10/18/2018

Attachment Check List

Att Doc Num	Name
401779757	Form44 Submitted

Total Attach: 1 Files