

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:

07/24/2018

Document Number:

401711710

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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 410051 Location Type: Production Facilities
Name: ABBEY Number: D01-28
County: WELD
Qtr Qtr: NWNE Section: 1 Township: 3N Range: 64W Meridian: 6
Latitude: 40.260930 Longitude: -104.498850

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458350 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.260667 Longitude: -104.498840 PDOP: 3.0 Measurement Date: 10/25/2010
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 410051 Location Type: Well Site ☐ No Location ID
Name: ABBEY Number: D01-28
County: WELD
Qtr Qtr: NWNE Section: 1 Township: 3N Range: 64W Meridian: 6
Latitude: 40.260930 Longitude: -104.498850

Flowline Start Point Riser

Latitude: 40.260930 Longitude: -104.498850 PDOP: 3.0 Measurement Date: 10/25/2010
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: 10/25/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458351 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.260667 Longitude: -104.498840 PDOP: 2.3 Measurement Date: 10/05/2010
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302909 Location Type: Well Site ☐ No Location ID
Name: ABBEY Number: D01-27
County: WELD
Qtr Qtr: NWNE Section: 1 Township: 3N Range: 64W Meridian: 6
Latitude: 40.261070 Longitude: -104.494890

Flowline Start Point Riser

Latitude: 40.261070 Longitude: -104.494890 PDOP: 2.3 Measurement Date: 10/05/2010
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: 11/05/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458352 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.260667 Longitude: -104.498840 PDOP: 3.3 Measurement Date: 08/16/2011
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 410050 Location Type: Well Site ☐ No Location ID
Name: ABBEY Number: D01-29
County: WELD
Qtr Qtr: NWNW Section: 1 Township: 3N Range: 64W Meridian: 6
Latitude: 40.261260 Longitude: -104.504130

Flowline Start Point Riser

Latitude: 40.261260 Longitude -104.504130 PDOP: 3.3 Measurement Date: 08/16/2011

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: 08/16/2011

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.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 07/24/2018 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: 10/26/2018

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files