

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: 09/18/2018 Document Number: 401638873

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 336156 Location Type: Production Facilities
Name: HSR-FRICO-63N65W Number: 22SWNE
County: WELD
Qtr Qtr: SWNE Section: 22 Township: 3N Range: 65W Meridian: 6
Latitude: 40.212550 Longitude: -104.645100

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458374 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.212500 Longitude: -104.645000 PDOP: 2.0 Measurement Date: 10/22/2008
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336156 Location Type: Well Site [] No Location ID
Name: HSR-FRICO-63N65W Number: 22SWNE
County: WELD
Qtr Qtr: SWNE Section: 22 Township: 3N Range: 65W Meridian: 6
Latitude: 40.212550 Longitude: -104.645100

Flowline Start Point Riser

Latitude: 40.212576 Longitude: -104.645110 PDOP: 2.0 Measurement Date: 10/22/2008
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: 06/16/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458375 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.212500 Longitude: -104.645000 PDOP: _____ Measurement Date: 11/25/2008
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 309689 Location Type: Production Facilities No Location ID
Name: FRICO-63N65W Number: 22SWNE
County: WELD
Qtr Qtr: SWNE Section: 22 Township: 3N Range: 65W Meridian: 6
Latitude: 40.214297 Longitude: -104.645042

Flowline Start Point Riser

Latitude: 40.214297 Longitude: -104.645042 PDOP: 2.8 Measurement Date: 11/25/2018
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: 07/31/2008
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 GPS COORDINATES

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 09/18/2018 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: 10/26/2018

Attachment Check List

Att Doc Num

Name

401638873

Form44 Submitted

Total Attach: 1 Files