

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:

10/16/2018

Document Number:

401798288

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: Brittany McFadden
Company Name: NOBLE ENERGY INC Phone: (281) 943-1940
Address: 1001 NOBLE ENERGY WAY Email: brittany.mcfadden@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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 317727 Location Type: Production Facilities
Name: MOSER Number: H26-18D TANK
County: WELD
Qtr Qtr: NENE Section: 26 Township: 3N Range: 65W Meridian: 6
Latitude: 40.200840 Longitude: -104.624900

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458646 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.201500 Longitude: -104.625000 PDOP: Measurement Date: 05/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 427000 Location Type: Well Site ☐ No Location ID
Name: MOSER Number: H26-18D
County: WELD
Qtr Qtr: NENE Section: 26 Township: 3N Range: 65W Meridian: 6
Latitude: 40.201250 Longitude: -104.623280

Flowline Start Point Riser

Latitude: 40.201250 Longitude: -104.623280 PDOP: Measurement Date: 05/09/2017
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: 08/04/1993
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: 10/16/2018 Email: brittany.mcfadden@nblenergy.com

Print Name: Brittany McFadden 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: 11/2/2018

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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401798288	Form44 Submitted
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Total Attach: 1 Files