

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:

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@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: 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>
401798288	Form44 Submitted

Total Attach: 1 Files