

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/25/2018

Document Number:

401809951

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: brittnay.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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 323500 Location Type: Production Facilities
Name: GLENDENNING-65N65W Number: 3SWSW
County: WELD
Qtr Qtr: SWSW Section: 3 Township: 5N Range: 65W Meridian: 6
Latitude: 40.422715 Longitude: -104.655658

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460289 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.423330 Longitude: -104.655980 PDOP: Measurement Date: 05/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323500 Location Type: Well Site [ ] No Location ID
Name: GLENDENNING-65N65W Number: 3SWSW
County: WELD
Qtr Qtr: SWSW Section: 3 Township: 5N Range: 65W Meridian: 6
Latitude: 40.422715 Longitude: -104.655658

Flowline Start Point Riser

Latitude: 40.422715 Longitude: -104.655658 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: 07/30/2003  
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: 10/25/2018 Email: brittnay.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: 12/21/2018

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401809951	Form44 Submitted

Total Attach: 1 Files