

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

01/11/2019

Document Number:

401833780

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) 6397441
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: Location Type: Production Facilities
Name: Kate White Number:
County: WELD
Qtr Qtr: SENE Section: 29 Township: 3N Range: 64W Meridian: 6
Latitude: 40.203370 Longitude: -104.568447

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.203370 Longitude: -104.568447 PDOP: Measurement Date: 10/01/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328777 Location Type: Well Site No Location ID
Name: KATE WHITE D-63N64W Number: 29SENE
County: WELD
Qtr Qtr: SENE Section: 29 Township: 3N Range: 64W Meridian: 6
Latitude: 40.198130 Longitude: -104.567810

Flowline Start Point Riser

Latitude: 40.198130 Longitude: -104.567810 PDOP: Measurement Date: 10/01/2018
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: 06/23/1993
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. Although this line is approx. 250 ft away according to the system, it is off-location.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 01/11/2019 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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files