

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:

11/13/2018

Document Number:

401837140

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@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: ANDERSON-COOMBS CURTIS WASS T5N-R66 Number: L01
County: WELD
Qtr Qtr: nese Section: 25 Township: 5n Range: 66w Meridian: 6
Latitude: 40.366270 Longitude: -104.724970

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.362240 Longitude: -104.724880 PDOP: 2.3 Measurement Date: 05/16/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322575 Location Type: Well Site No Location ID
Name: WASS-65N66W Number: 25SWNE
County: WELD
Qtr Qtr: SWNE Section: 25 Township: 5N Range: 66W Meridian: 6
Latitude: 40.372070 Longitude: -104.722920

Flowline Start Point Riser

Latitude: 40.720700 Longitude: -104.722920 PDOP: 2.3 Measurement Date: 05/16/2017
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: 05/14/1984
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.366230 Longitude: -104.724970 PDOP: 2.2 Measurement Date: 05/12/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323312 Location Type: Well Site No Location ID
Name: ANDERSON-COOMBS-65N66W Number: 25NENW
County: WELD
Qtr Qtr: NENW Section: 25 Township: 5N Range: 66W Meridian: 6
Latitude: 40.375700 Longitude: -104.727670

Flowline Start Point Riser

Latitude: 40.375700 Longitude: -104.727670 PDOP: 2.2 Measurement Date: 05/16/2017
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: 02/11/1986
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.366190 Longitude: -104.725015 PDOP: 2.6 Measurement Date: 05/30/2008
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322624 Location Type: Well Site No Location ID
Name: WASS-65N66W Number: 25NWNE
County: WELD
Qtr Qtr: NWNE Section: 25 Township: 5N Range: 66W Meridian: 6
Latitude: 40.375560 Longitude: -104.722870

Flowline Start Point Riser

Latitude: 40.375560 Longitude -104.722870 PDOP: 2.6 Measurement Date: 05/30/2008

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: 08/12/1984
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.366270 Longitude: -104.724970 PDOP: 2.1 Measurement Date: 05/16/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319268 Location Type: _____ Well Site No Location ID
Name: WASS-65N66W Number: 25NESE
County: WELD
Qtr Qtr: NESE Section: 25 Township: 5N Range: 66W Meridian: 6
Latitude: 40.368440 Longitude: -104.717990

Flowline Start Point Riser

Latitude: 40.368440 Longitude -104.718010 PDOP: 2.1 Measurement Date: 05/16/2017
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: 04/21/1983
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.366270 Longitude: -104.724970 PDOP: 2.4 Measurement Date: 05/16/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326859 Location Type: _____ Well Site No Location ID
Name: WASS-65N66W Number: 25NENE
County: WELD

Qtr Qtr: NENE Section: 25 Township: 5N Range: 66W Meridian: 6
Latitude: 40.375140 Longitude: -104.719310

Flowline Start Point Riser

Latitude: 40.375140 Longitude -104.719310 PDOP: 2.4 Measurement Date: 05/16/2017
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: 04/09/1988
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.366270 Longitude: -104.724970 PDOP: 2.4 Measurement Date: 05/16/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323608 Location Type: _____ Well Site No Location ID
Name: WASS-65N66W Number: 25SENE
County: WELD
Qtr Qtr: SENE Section: 25 Township: 5N Range: 66W Meridian: 6
Latitude: 40.371540 Longitude: -104.718190

Flowline Start Point Riser

Latitude: 40.371540 Longitude -104.718190 PDOP: 2.4 Measurement Date: 05/16/2017
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: 01/18/1987
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.366230 Longitude: -104.724970 PDOP: 4.3 Measurement Date: 05/16/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323616 Location Type: Well Site No Location ID

Name: WASS-65N66W Number: 25NWSE

County: WELD

Qtr Qtr: NWSE Section: 25 Township: 5N Range: 66W Meridian: 6

Latitude: 40.368540 Longitude: -104.722440

Flowline Start Point Riser

Latitude: 40.368540 Longitude -104.722440 PDOP: 4.3 Measurement Date: 05/16/2017

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: 01/21/1987

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 11/13/2018 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: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files