

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: 01/11/2019 Document Number: 401839728

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION
Location ID: 419235 Location Type: Production Facilities
Name: FIVE RIVERS K Number: 03-21 TANK
County: WELD
Qtr Qtr: SWSW Section: 3 Township: 4N Range: 66W Meridian: 6
Latitude: 40.336170 Longitude: -104.771630

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.336240 Longitude: -104.771367 PDOP: Measurement Date: 05/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327078 Location Type: Well Site [ ] No Location ID
Name: MONFORT-PM K-64N66W Number: 3SWSW
County: WELD
Qtr Qtr: SWSW Section: 3 Township: 4N Range: 66W Meridian: 6
Latitude: 40.335740 Longitude: -104.771410

Flowline Start Point Riser

Latitude: 40.335740 Longitude: -104.771410 PDOP: Measurement Date: 05/11/2017
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: 04/19/1989  
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: 40.336240 Longitude: -104.771367 PDOP: \_\_\_\_\_ Measurement Date: 05/24/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 333154 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: UNI-UPRC-64N66W Number: 3SESW  
County: WELD  
Qtr Qtr: SESW Section: 3 Township: 4N Range: 66W Meridian: 6  
Latitude: 40.335459 Longitude: -104.765736

**Flowline Start Point Riser**

Latitude: 40.335459 Longitude: -104.765736 PDOP: \_\_\_\_\_ Measurement Date: 05/24/2017  
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: 03/11/1989  
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: 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**

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Total Attach: 0 Files