

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/19/2018

Document Number:

401802906

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: 327938 Location Type: Production Facilities
Name: SCHWAB-64N66W Number: 26SESW
County: WELD
Qtr Qtr: SESW Section: 26 Township: 4N Range: 66W Meridian: 6
Latitude: 40.277835 Longitude: -104.746728

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460606 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.280130 Longitude: -104.744578 PDOP: Measurement Date: 05/10/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327938 Location Type: Well Site [ ] No Location ID
Name: SCHWAB-64N66W Number: 26SESW
County: WELD
Qtr Qtr: SESW Section: 26 Township: 4N Range: 66W Meridian: 6
Latitude: 40.277835 Longitude: -104.746728

Flowline Start Point Riser

Latitude: 40.277835 Longitude: -104.746728 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: 11/20/1991  
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: 10/19/2018 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: 1/22/2019

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401802906	Form44 Submitted

Total Attach: 1 Files