

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: 09/18/2018

Document Number: 401640777

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@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: 329442 Location Type: Production Facilities
Name: DIETRICH-64N64W Number: 6NWSE
County: WELD
Qtr Qtr: NWSE Section: 6 Township: 4N Range: 64W Meridian: 6
Latitude: 40.338918 Longitude: -104.590856

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460894 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.338920 Longitude: -104.590860 PDOP: 1.6 Measurement Date: 05/17/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306117 Location Type: Well Site [] No Location ID
Name: DIETRICH C-64N64W Number: 6SWSE
County: WELD
Qtr Qtr: SWSE Section: 6 Township: 4N Range: 64W Meridian: 6
Latitude: 40.337653 Longitude: -104.588561

Flowline Start Point Riser

Latitude: 40.337700 Longitude: -104.588600 PDOP: 5.2 Measurement Date: 05/17/2017
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: 09/10/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460895 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.338920 Longitude: -104.590860 PDOP: 1.6 Measurement Date: 05/17/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329442 Location Type: Well Site No Location ID
Name: DIETRICH-64N64W Number: 6NWSE
County: WELD
Qtr Qtr: NWSE Section: 6 Township: 4N Range: 64W Meridian: 6
Latitude: 40.338918 Longitude: -104.590856

Flowline Start Point Riser

Latitude: 40.338900 Longitude: -104.590900 PDOP: 1.6 Measurement Date: 05/17/2017
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: 11/03/1993
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460896 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.338920 Longitude: -104.590860 PDOP: 1.6 Measurement Date: 05/17/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322713 Location Type: Well Site No Location ID
Name: LEY-64N64W Number: 6SWSE
County: WELD
Qtr Qtr: SWSE Section: 6 Township: 4N Range: 64W Meridian: 6
Latitude: 40.335840 Longitude: -104.591110

Flowline Start Point Riser

Latitude: 40.335800 Longitude -104.591100 PDOP: 5.9 Measurement Date: 05/17/2017

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: 10/01/1984

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

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

WE PLAN ON DECOMMISSIONING THESE LINES, AND WILL SUBMIT MORE ACCURATE DATA 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: 09/18/2018 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: 1/23/2019

Attachment Check List

Att Doc Num

Name

401640777

Form44 Submitted

Total Attach: 1 Files