

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

11/01/2018

Document Number:

401688926

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) 639-7441
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: 460860 Location Type: Production Facilities
Name: Dechant Number:
County: WELD
Qtr Qtr: NESE Section: 7 Township: 3N Range: 64W Meridian: 6
Latitude: 40.232890 Longitude: -104.584600

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460904 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.232890 Longitude: -104.584600 PDOP: 1.8 Measurement Date: 05/13/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330113 Location Type: Well Site No Location ID
Name: DECHANT-63N64W Number: 7SWSE
County: WELD
Qtr Qtr: SWSE Section: 7 Township: 3N Range: 64W Meridian: 6
Latitude: 40.234091 Longitude: -104.592079

Flowline Start Point Riser

Latitude: 40.234091 Longitude: -104.592079 PDOP: 1.8 Measurement Date: 05/13/2017
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: 09/16/1994
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460905 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.232890 Longitude: -104.584600 PDOP: 1.7 Measurement Date: 05/13/2017
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329386 Location Type: Well Site No Location ID
 Name: DECHANT-63N64W Number: 7NWSE
 County: WELD
 Qtr Qtr: NWSE Section: 7 Township: 3N Range: 64W Meridian: 6
 Latitude: 40.237995 Longitude: -104.590873

Flowline Start Point Riser

Latitude: 40.237995 Longitude: -104.590873 PDOP: 1.7 Measurement Date: 05/13/2017
 :
 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: 10/27/1993
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460906 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.232890 Longitude: -104.584600 PDOP: 1.7 Measurement Date: 05/13/2017
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305423 Location Type: Well Site No Location ID
 Name: DECHANT D-63N64W Number: 7SWSE
 County: WELD
 Qtr Qtr: SWSE Section: 7 Township: 3N Range: 64W Meridian: 6
 Latitude: 40.235562 Longitude: -104.589071

Flowline Start Point Riser

Latitude: 40.235562 Longitude -104.589071 PDOP: 1.7 Measurement Date: 05/13/2017

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: 07/21/2005
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460907 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.232890 Longitude: -104.584600 PDOP: 1.6 Measurement Date: 05/13/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329390 Location Type: _____ Well Site No Location ID
Name: DECHANT D-63N64W Number: 7SESE
County: WELD
Qtr Qtr: SESE Section: 7 Township: 3N Range: 64W Meridian: 6
Latitude: 40.234215 Longitude: -104.586394

Flowline Start Point Riser

Latitude: 40.234215 Longitude -104.586394 PDOP: 1.6 Measurement Date: 05/13/2017
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: 10/27/1993
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460908 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.232890 Longitude: -104.584600 PDOP: 2.0 Measurement Date: 05/13/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 329385 Location Type: _____ Well Site No Location ID
Name: DECHANT-63N64W Number: 7NESE
County: WELD

Qtr Qtr: NESE Section: 7 Township: 3N Range: 64W Meridian: 6
Latitude: 40.238218 Longitude: -104.586626

Flowline Start Point Riser

Latitude: 40.238218 Longitude -104.586626 PDOP: 2.0 Measurement Date: 05/13/2017

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: 10/27/1993
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: 11/01/2018 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: 1/23/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401688926	Form44 Submitted

Total Attach: 1 Files