

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:

10/26/2018

Document Number:

401739558

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 447341 Location Type: Production Facilities
Name: BOHLENDER D 20-3,4,6,2J Number:
County: WELD
Qtr Qtr: NENW Section: 20 Township: 3N Range: 64W Meridian: 6
Latitude: 40.216565 Longitude: -104.575150

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460925 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.216270 Longitude: -104.575000 PDOP: 2.1 Measurement Date: 05/12/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323718 Location Type: Well Site [ ] No Location ID
Name: BOHLENDER-63N64W Number: 20SENV
County: WELD
Qtr Qtr: SENW Section: 20 Township: 3N Range: 64W Meridian: 6
Latitude: 40.212671 Longitude: -104.577323

Flowline Start Point Riser

Latitude: 40.212671 Longitude: -104.577323 PDOP: 2.1 Measurement Date: 05/12/2017
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: 09/01/2017  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 460926 Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.216565 Longitude: -104.575150 PDOP: 1.5 Measurement Date: 05/12/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 328324 Location Type: Well Site  No Location ID  
Name: BOHLENDER-63N64W Number: 20SWNW  
County: WELD  
Qtr Qtr: SWNW Section: 20 Township: 3N Range: 64W Meridian: 6  
Latitude: 40.213551 Longitude: -104.580937

**Flowline Start Point Riser**

Latitude: 40.213551 Longitude: -104.580937 PDOP: 1.5 Measurement Date: 05/12/2017  
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: 09/01/2017  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 460927 Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.216260 Longitude: -104.575000 PDOP: 2.1 Measurement Date: 05/12/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 323717 Location Type: Well Site  No Location ID  
Name: BOHLENDER-63N64W Number: 20NENW  
County: WELD  
Qtr Qtr: NENW Section: 20 Township: 3N Range: 64W Meridian: 6  
Latitude: 40.216315 Longitude: -104.577356

**Flowline Start Point Riser**

Latitude: 40.216315 Longitude -104.577356 PDOP: 2.1 Measurement Date: 05/12/2017

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: 09/01/2017  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 460928 Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.216260 Longitude: -104.575000 PDOP: 1.4 Measurement Date: 05/12/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 328957 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: BOHLENDER-63N64W Number: 20NWNW  
County: WELD  
Qtr Qtr: NWNW Section: 20 Township: 3N Range: 64W Meridian: 6  
Latitude: 40.216681 Longitude: -104.582473

**Flowline Start Point Riser**

Latitude: 40.216681 Longitude -104.582473 PDOP: 1.4 Measurement Date: 05/12/2017  
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: 09/01/2017  
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: 10/26/2018 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401739558	Form44 Submitted

Total Attach: 1 Files