

State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

12/17/2018

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## 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 ☒ No ☐

**OFF LOCATION FLOWLINE****FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 426361 Location Type: Production Facilities  
Name: Cecil USX A Number: 01-64-1HN Multi  
County: WELD  
Qtr Qtr: SWSW Section: 1 Township: 6N Range: 64W Meridian: 6  
Latitude: 40.511180 Longitude: -104.506880

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.511340 Longitude: -104.506160 PDOP: 3.1 Measurement Date: 05/17/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 302411 Location Type: Well Site ☐ No Location ID  
Name: CECIL USX A-66N64W Number: 1SWSW  
County: WELD  
Qtr Qtr: SWSW Section: 1 Township: 6N Range: 64W Meridian: 6  
Latitude: 40.509954 Longitude: -104.505411

**Flowline Start Point Riser**

Latitude: 40.509954 Longitude: -104.505411 PDOP: 3.1 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: 04/07/2009  
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: 40.511350 Longitude: -104.506160 PDOP: 3.1 Measurement Date: 05/17/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 306275 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: CECIL USX A-66N64W Number: 1SESW  
County: WELD  
Qtr Qtr: SESW Section: 1 Township: 6N Range: 64W Meridian: 6  
Latitude: 40.509697 Longitude: -104.500315

**Flowline Start Point Riser**

Latitude: 40.509697 Longitude: -104.500315 PDOP: 3.1 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: 01/05/2007  
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: 12/17/2018 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: \_\_\_\_\_

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files