

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:

10/30/2018

Document Number:

401752078

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.Oulousey@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: 317727 Location Type: Production Facilities
Name: MOSER Number: H26-18D TANK
County: WELD
Qtr Qtr: NENE Section: 26 Township: 3N Range: 65W Meridian: 6
Latitude: 40.200840 Longitude: -104.624900

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461321 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.201070 Longitude: -104.625000 PDOP: Measurement Date: 05/09/2017
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 336223 Location Type: Well Site No Location ID
Name: LAMP H-63N65W Number: 26SENE
County: WELD
Qtr Qtr: SENE Section: 26 Township: 3N Range: 65W Meridian: 6
Latitude: 40.198350 Longitude: -104.623640

Flowline Start Point Riser

Latitude: 40.198350 Longitude: -104.623640 PDOP: Measurement Date: 05/09/2017
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: 12/16/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461322 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.201090 Longitude: -104.625000 PDOP: _____ Measurement Date: 05/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336088 Location Type: _____ Well Site No Location ID
Name: LAMP H-63N65W Number: 26NENE
County: WELD
Qtr Qtr: NENE Section: 26 Township: 3N Range: 65W Meridian: 6
Latitude: 40.199900 Longitude: -104.621820

Flowline Start Point Riser

Latitude: 40.199900 Longitude: -104.621820 PDOP: _____ Measurement Date: 05/09/2017
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: 11/10/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461323 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.201090 Longitude: -104.625000 PDOP: _____ Measurement Date: 05/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317727 Location Type: _____ Well Site No Location ID
Name: MOSER Number: H26-18D TANK
County: WELD
Qtr Qtr: NENE Section: 26 Township: 3N Range: 65W Meridian: 6
Latitude: 40.200840 Longitude: -104.624900

Flowline Start Point Riser

Latitude: 40.200840 Longitude -104.624900 PDOP: Measurement Date: 05/09/2017

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: 05/11/1973
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461324 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.201090 Longitude: -104.625000 PDOP: Measurement Date: 05/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331883 Location Type: Well Site No Location ID
Name: BULLARD-63N65W Number: 26NWNE
County: WELD
Qtr Qtr: NWNE Section: 26 Township: 3N Range: 65W Meridian: 6
Latitude: 40.202040 Longitude: -104.628770

Flowline Start Point Riser

Latitude: 40.202040 Longitude -104.628770 PDOP: Measurement Date: 05/09/2017
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: 06/28/2003
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461325 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.201070 Longitude: -104.625000 PDOP: Measurement Date: 05/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336223 Location Type: Well Site No Location ID
Name: LAMP H-63N65W Number: 26SENE
County: WELD

Qtr Qtr: SENE Section: 26 Township: 3N Range: 65W Meridian: 6
Latitude: 40.198350 Longitude: -104.623640

Flowline Start Point Riser

Latitude: 40.198350 Longitude -104.623640 PDOP: _____ Measurement Date: 05/09/2017
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: 12/11/2006
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.
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/30/2018 Email: Latrese.Oulsey@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: 1/29/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401752078	Form44 Submitted

Total Attach: 1 Files