

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

10/24/2018

Document Number:

401808347

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: 302476 Location Type: Production Facilities
Name: SHABLE FEDERAL PC AB Number: 15-66-1HN TANK
County: WELD
Qtr Qtr: SENE Section: 14 Township: 7N Range: 64W Meridian: 6
Latitude: 40.575820 Longitude: -104.509560

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461517 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.575970 Longitude: -104.509430 PDOP: Measurement Date: 09/11/2008
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302261 Location Type: Well Site No Location ID
Name: SHABLE-67N64W Number: 14SENV
County: WELD
Qtr Qtr: SENW Section: 14 Township: 7N Range: 64W Meridian: 6
Latitude: 40.575080 Longitude: -104.518960

Flowline Start Point Riser

Latitude: 40.575080 Longitude: -104.518960 PDOP: Measurement Date: 09/11/2008
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: 10/15/2008
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461518 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.575970 Longitude: -104.509430 PDOP: _____ Measurement Date: 12/16/2008
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302260 Location Type: _____ Well Site No Location ID
 Name: SHABLE-67N64W Number: 14SWNW
 County: WELD
 Qtr Qtr: SWNW Section: 14 Township: 7N Range: 64W Meridian: 6
 Latitude: 40.575050 Longitude: -104.523690

Flowline Start Point Riser

Latitude: 40.575050 Longitude: -104.523690 PDOP: _____ Measurement Date: 12/16/2008
 :
 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: 01/29/2008
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461519 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.575970 Longitude: -104.509430 PDOP: _____ Measurement Date: 04/14/2010
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302250 Location Type: _____ Well Site No Location ID
 Name: SHABLE Number: 14-22
 County: WELD
 Qtr Qtr: NWNW Section: 14 Township: 7N Range: 64W Meridian: 6
 Latitude: 40.578640 Longitude: -104.523730

Flowline Start Point Riser

Latitude: 40.578640 Longitude -104.523730 PDOP: Measurement Date: 04/14/2010

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: 11/10/2010
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461520 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.575970 Longitude: -104.509430 PDOP: Measurement Date: 12/29/2008
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302249 Location Type: Well Site No Location ID
Name: SHABLE-67N64W Number: 14NWNW
County: WELD
Qtr Qtr: NWNW Section: 14 Township: 7N Range: 64W Meridian: 6
Latitude: 40.576860 Longitude: -104.521340

Flowline Start Point Riser

Latitude: 40.576860 Longitude -104.521340 PDOP: Measurement Date: 12/29/2008
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: 01/29/2009
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: 10/24/2018 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: 1/30/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401808347	Form44 Submitted

Total Attach: 1 Files