

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:

12/05/2018

Document Number:

401861524

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 [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 421391 Location Type: Production Facilities
Name: EMBREE C Number: 10-20D TANK
County: WELD
Qtr Qtr: NENW Section: 10 Township: 4N Range: 64W Meridian: 6
Latitude: 40.333700 Longitude: -104.536810

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461620 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.333570 Longitude: -104.536750 PDOP: Measurement Date: 05/15/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332094 Location Type: Well Site [] No Location ID
Name: EMBRICK C-64N64W Number: 10SWNW
County: WELD
Qtr Qtr: SWNW Section: 10 Township: 4N Range: 64W Meridian: 6
Latitude: 40.330340 Longitude: -104.541860

Flowline Start Point Riser

Latitude: 40.330340 Longitude: -104.541860 PDOP: Measurement Date: 05/15/2017
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: 01/15/2004
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461621 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.333610 Longitude: -104.536730 PDOP: _____ Measurement Date: 05/14/2017
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336591 Location Type: _____ Well Site No Location ID
 Name: EMBREE C Number: 10-20D
 County: WELD
 Qtr Qtr: SENW Section: 10 Township: 4N Range: 64W Meridian: 6
 Latitude: 40.328720 Longitude: -104.539030

Flowline Start Point Riser

Latitude: 40.328720 Longitude: -104.539030 PDOP: _____ Measurement Date: 05/14/2017
 :
 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: 04/03/2012
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461622 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.333570 Longitude: -104.536750 PDOP: _____ Measurement Date: 05/14/2017
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302714 Location Type: _____ Well Site No Location ID
 Name: EMBREE C-64N64W Number: 10NENW
 County: WELD
 Qtr Qtr: NENW Section: 10 Township: 4N Range: 64W Meridian: 6
 Latitude: 40.330724 Longitude: -104.537050

Flowline Start Point Riser

Latitude: 40.330724 Longitude -104.537050 PDOP: _____ Measurement Date: 05/14/2017

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: 03/03/2009

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. 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: 12/05/2018 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: 2/4/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401861524	Form44 Submitted

Total Attach: 1 Files