

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:

02/19/2019

Document Number:

401758621

## 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 ☒ No ☐

## OFF LOCATION FLOWLINE

## FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: Location Type: Production Facilities  
Name: Schank Number:  
County: WELD  
Qtr Qtr: SWNE Section: 35 Township: 5N Range: 66W Meridian: 6  
Latitude: 40.360040 Longitude: -104.746000

## FLOWLINE FACILITY INFORMATION

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

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.360040 Longitude: -104.746000 PDOP: Measurement Date: 05/12/2017  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 323018 Location Type: Well Site ☐ No Location ID  
Name: SCHANK-65N66W Number: 35SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 35 Township: 5N Range: 66W Meridian: 6  
Latitude: 40.358962 Longitude: -104.744463

## Flowline Start Point Riser

Latitude: 40.358962 Longitude: -104.744463 PDOP: 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: 07/12/1985  
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: 40.359890 Longitude: -104.745000 PDOP: \_\_\_\_\_ Measurement Date: 05/12/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 331312 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: SCHANK J-65N66W Number: 35NWNE  
County: WELD  
Qtr Qtr: NWNE Section: 35 Township: 5N Range: 66W Meridian: 6  
Latitude: 40.360997 Longitude: -104.741476

**Flowline Start Point Riser**

Latitude: 40.360997 Longitude: -104.741476 PDOP: \_\_\_\_\_ 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: 10/08/2001  
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: 02/19/2019 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**

**Att Doc Num****Name**

401758621

Form44 Submitted

Total Attach: 1 Files