

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

02/19/2019

Document Number:

401752315

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 460801 Location Type: Production Facilities
Name: Hambert Number:
County: WELD
Qtr Qtr: NWNW Section: 32 Township: 4N Range: 65W Meridian: 6
Latitude: 40.275870 Longitude: -104.694000

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.275870 Longitude: -104.694000 PDOP: Measurement Date: 05/15/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 311349 Location Type: Well Site [ ] No Location ID
Name: HAMBERT R G-64N65W Number: 32NENW
County: WELD
Qtr Qtr: NENW Section: 32 Township: 4N Range: 65W Meridian: 6
Latitude: 40.274160 Longitude: -104.689300

Flowline Start Point Riser

Latitude: 40.274160 Longitude: -104.689300 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: 08/02/1987  
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: 40.275870 Longitude: -104.694000 PDOP: \_\_\_\_\_ Measurement Date: 05/15/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 311500 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: HAMBERT G-64N65W Number: 32NWNW  
County: WELD  
Qtr Qtr: NWNW Section: 32 Township: 4N Range: 65W Meridian: 6  
Latitude: 40.273805 Longitude: -104.693565

**Flowline Start Point Riser**

Latitude: 40.273805 Longitude: -104.693565 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: 02/26/2008  
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: 40.275870 Longitude: -104.694000 PDOP: \_\_\_\_\_ Measurement Date: 05/15/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332862 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: MUSICK-MCCLINTOCK-64N65W Number: 32NWNE  
County: WELD  
Qtr Qtr: NWNE Section: 32 Township: 4N Range: 65W Meridian: 6  
Latitude: 40.274318 Longitude: -104.684554

**Flowline Start Point Riser**

Latitude: 40.274318 Longitude -104.684554 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: 07/04/1987

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: 40.275870 Longitude: -104.694000 PDOP: \_\_\_\_\_ Measurement Date: 05/15/2017

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 323736 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: HAMBERT R G-64N65W Number: 32NENE

County: WELD

Qtr Qtr: NENE Section: 32 Township: 4N Range: 65W Meridian: 6

Latitude: 40.274466 Longitude: -104.680481

**Flowline Start Point Riser**

Latitude: 40.274466 Longitude -104.680481 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: 08/13/1987

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: 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>

Total Attach: 0 Files