

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:

401923027

## 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: Brittany McFadden  
Company Name: NOBLE ENERGY INC Phone: (281) 943-1940  
Address: 1001 NOBLE ENERGY WAY Email: brittany.mcfadden@nbleenergy.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: 310388 Location Type: Production Facilities  
Name: STROMBERGER-66N67W Number: 13NWSW  
County: WELD  
Qtr Qtr: NWSW Section: 13 Township: 6N Range: 67W Meridian: 6  
Latitude: 40.485220 Longitude: -104.849150

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 462702 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.485225 Longitude: -104.849140 PDOP: 1.6 Measurement Date: 05/24/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 310388 Location Type: Well Site ☐ No Location ID  
Name: STROMBERGER-66N67W Number: 13NWSW  
County: WELD  
Qtr Qtr: NWSW Section: 13 Township: 6N Range: 67W Meridian: 6  
Latitude: 40.485220 Longitude: -104.849150

**Flowline Start Point Riser**

Latitude: 40.485220 Longitude: -104.849150 PDOP: 1.6 Measurement Date: 05/24/2017  
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: 01/29/2008  
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: brittany.mcfadden@nblenergy.com

Print Name: Brittany McFadden 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: 2/27/2019

**Attachment Check List****Att Doc Num****Name**

401923027	Form44 Submitted
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Total Attach: 1 Files