

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:

03/13/2019

Document Number:

401971061

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: 302546 Location Type: Production Facilities
Name: THISTLE DOWN B Number: 31-31D
County: WELD
Qtr Qtr: NWNW Section: 31 Township: 5N Range: 64W Meridian: 6
Latitude: 40.361460 Longitude: -104.601220

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463279 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.361900 Longitude: -104.601600 PDOP: Measurement Date: 05/10/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326822 Location Type: Well Site ☐ No Location ID
Name: GEMINI - UPRR-65N64W Number: 31NWNW
County: WELD
Qtr Qtr: NWNW Section: 31 Township: 5N Range: 64W Meridian: 6
Latitude: 40.361090 Longitude: -104.599720

Flowline Start Point Riser

Latitude: 40.361090 Longitude: -104.599720 PDOP: Measurement Date: 05/10/2017
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: 01/12/1988
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463280 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.361900 Longitude: -104.601600 PDOP: _____ Measurement Date: 05/10/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302546 Location Type: Well Site ☐ No Location ID
Name: THISTLE DOWN B Number: 31-31D
County: WELD
Qtr Qtr: NWNW Section: 31 Township: 5N Range: 64W Meridian: 6
Latitude: 40.361460 Longitude: -104.601220

Flowline Start Point Riser

Latitude: 40.361460 Longitude: -104.601220 PDOP: _____ Measurement Date: 05/10/2017
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: 01/27/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463281 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.361900 Longitude: -104.601600 PDOP: _____ Measurement Date: 05/10/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305880 Location Type: Well Site ☐ No Location ID
Name: GEMINI B-65N64W Number: 31CNW1/4
County: WELD
Qtr Qtr: CNW1/4 Section: 31 Township: 5N Range: 64W Meridian: 6
Latitude: 40.359546 Longitude: -104.597287

Flowline Start Point Riser

Latitude: 40.359546 Longitude -104.597287 PDOP: Measurement Date: 05/10/2019

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: 03/04/2006

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: 03/13/2019 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: 3/14/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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401971061	Form44 Submitted
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Total Attach: 1 Files