

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:

03/13/2019

Document Number:

401970952

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: 332403 Location Type: Production Facilities
Name: BOULTER-65N65W Number: 34SWNE
County: WELD
Qtr Qtr: SWNE Section: 34 Township: 5N Range: 65W Meridian: 6
Latitude: 40.358550 Longitude: -104.645620

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463305 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.358900 Longitude: -104.649100 PDOP: Measurement Date: 05/10/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322756 Location Type: Well Site [] No Location ID
Name: BRANTNER-65N65W Number: 34NWNE
County: WELD
Qtr Qtr: NWNE Section: 34 Township: 5N Range: 65W Meridian: 6
Latitude: 40.360697 Longitude: -104.647094

Flowline Start Point Riser

Latitude: 40.360697 Longitude: -104.647094 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: 10/05/1984
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463306 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.358900 Longitude: -104.649100 PDOP: _____ Measurement Date: 05/10/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319295 Location Type: Well Site No Location ID
Name: BRANTER-65N65W Number: 34SWNE
County: WELD
Qtr Qtr: SWNE Section: 34 Township: 5N Range: 65W Meridian: 6
Latitude: 40.357578 Longitude: -104.647033

Flowline Start Point Riser

Latitude: 40.357578 Longitude: -104.647033 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: 02/17/1983
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463307 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.358900 Longitude: -104.649100 PDOP: _____ Measurement Date: 05/10/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 322916 Location Type: Well Site No Location ID
Name: BACON-65N65W Number: 34SEnw
County: WELD
Qtr Qtr: SENW Section: 34 Township: 5N Range: 65W Meridian: 6
Latitude: 40.357647 Longitude: -104.651747

Flowline Start Point Riser

Latitude: 40.357647 Longitude -104.651747 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: 02/25/1985

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: 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

Att Doc Num	Name
401970952	Form44 Submitted

Total Attach: 1 Files