

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

05/17/2019

Document Number:

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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: 433229 Location Type: Production Facilities
Name: Shable Federal PC AB Number: 11-69-1HN Tank
County: WELD
Qtr Qtr: NENW Section: 11 Township: 7N Range: 64W Meridian: 6
Latitude: 40.594610 Longitude: -104.518520

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456008 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.594543 Longitude: -104.518677 PDOP: 4.5 Measurement Date: 07/10/2010
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413209 Location Type: Well Site [] No Location ID
Name: SHABLE USX AB Number: 11-02
County: WELD
Qtr Qtr: NWNE Section: 11 Township: 7N Range: 64W Meridian: 6
Latitude: 40.593150 Longitude: -104.513580

Flowline Start Point Riser

Latitude: 40.593286 Longitude: -104.514254 PDOP: 4.5 Measurement Date: 07/10/2010
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: 11/24/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/16/2018

Description of Abandonment

Purged fluids, abandoned in place, cut risers below ground and plugged both ends.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456007 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.594543 Longitude: -104.518677 PDOP: 1.7 Measurement Date: 05/20/2009

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310215 Location Type: Well Site No Location ID

Name: SHABLE USX AB-67N64W Number: 11SENW

County: WELD

Qtr Qtr: SENW Section: 11 Township: 7N Range: 64W Meridian: 6

Latitude: 40.589491 Longitude: -104.518777

Flowline Start Point Riser

Latitude: 40.589491 Longitude: -104.518777 PDOP: 1.7 Measurement Date: 05/20/2009

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: 10/20/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/16/2018

Description of Abandonment

Purged fluids, abandoned in place, cut risers below ground and plugged both ends.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456009 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.594543 Longitude: -104.518677 PDOP: 1.5 Measurement Date: 02/10/2008

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 310767 Location Type: Well Site No Location ID

Name: SHABLE USX AB-67N64W Number: 11NENW

County: WELD

Qtr Qtr: NENW Section: 11 Township: 7N Range: 64W Meridian: 6

Latitude: 40.593138 Longitude: -104.518668

Flowline Start Point Riser

Latitude: 40.593138 Longitude: -104.518668 PDOP: 1.5 Measurement Date: 02/10/2008

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: 03/18/2009

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/16/2018

Description of Abandonment

Purged fluids, abandoned in place, cut risers below ground and plugged both ends.

OPERATOR COMMENTS AND SUBMITTAL

Comments Noble respectfully submits this form to report flowlines that were abandoned on 7/16/2018.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Date: 05/17/2019 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: 5/30/2019

Attachment Check List

Att Doc Num	Name
402047336	Form44 Submitted

Total Attach: 1 Files