

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:

06/07/2019

Document Number:

402067668

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: 447341 Location Type: Production Facilities
Name: BOHLENDER D 20-3,4,6,2J Number:
County: WELD
Qtr Qtr: NENW Section: 20 Township: 3N Range: 64W Meridian: 6
Latitude: 40.216565 Longitude: -104.575150

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460925 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.216270 Longitude: -104.575000 PDOP: 2.1 Measurement Date: 05/12/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323718 Location Type: Well Site No Location ID
Name: BOHLENDER-63N64W Number: 20SENW
County: WELD
Qtr Qtr: SENW Section: 20 Township: 3N Range: 64W Meridian: 6
Latitude: 40.212671 Longitude: -104.577323

Flowline Start Point Riser

Latitude: 40.212671 Longitude: -104.577323 PDOP: 2.1 Measurement Date: 05/12/2017
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: 09/01/2017
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/21/2018

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460928 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.216260 Longitude: -104.575000 PDOP: 1.4 Measurement Date: 05/12/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328957 Location Type: _____ Well Site No Location ID

Name: BOHLENDER-63N64W Number: 20NWNW

County: WELD

Qtr Qtr: NWNW Section: 20 Township: 3N Range: 64W Meridian: 6

Latitude: 40.216681 Longitude: -104.582473

Flowline Start Point Riser

Latitude: 40.216681 Longitude: -104.582473 PDOP: 1.4 Measurement Date: 05/12/2017

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: 09/01/2017
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/21/2018

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460927 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.216260 Longitude: -104.575000 PDOP: 2.1 Measurement Date: 05/12/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323717 Location Type: Well Site No Location ID

Name: BOHLENDER-63N64W Number: 20NENW

County: WELD

Qtr Qtr: NENW Section: 20 Township: 3N Range: 64W Meridian: 6

Latitude: 40.216315 Longitude: -104.577356

Flowline Start Point Riser

Latitude: 40.216315 Longitude: -104.577356 PDOP: 2.1 Measurement Date: 05/12/2017

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: 09/01/2017

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/21/2018

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 460926 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.216565 Longitude: -104.575150 PDOP: 1.5 Measurement Date: 05/12/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328324 Location Type: Well Site No Location ID

Name: BOHLENDER-63N64W Number: 20SWNW

County: WELD

Qtr Qtr: SWNW Section: 20 Township: 3N Range: 64W Meridian: 6

Latitude: 40.213551 Longitude: -104.580937

Flowline Start Point Riser

Latitude: 40.213551 Longitude: -104.580937 PDOP: 1.5 Measurement Date: 05/12/2017

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: 09/01/2017

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 08/21/2018

Description of Abandonment

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

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 06/07/2019 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: 6/7/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402067668	Form44 Submitted

Total Attach: 1 Files