

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:

06/06/2019

Document Number:

402066812

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: 420050 Location Type: Production Facilities
Name: DECHANT STATE H Number: 36-18D
County: WELD
Qtr Qtr: NWNW Section: 36 Township: 3N Range: 65W Meridian: 6
Latitude: 40.185900 Longitude: -104.617510

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.185910 Longitude: -104.617520 PDOP: Measurement Date: 04/25/2011
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 420050 Location Type: Well Site [ ] No Location ID
Name: DECHANT STATE H Number: 36-18D
County: WELD
Qtr Qtr: NWNW Section: 36 Township: 3N Range: 65W Meridian: 6
Latitude: 40.185900 Longitude: -104.617510

Flowline Start Point Riser

Latitude: 40.185900 Longitude: -104.617510 PDOP: Measurement Date: 04/25/2011
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: 06/22/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.185920 Longitude: -104.617610 PDOP: \_\_\_\_\_ Measurement Date: 04/25/2011  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 420050 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: DECHANT STATE H Number: 36-18D  
County: WELD  
Qtr Qtr: NWNW Section: 36 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.185900 Longitude: -104.617510

**Flowline Start Point Riser**

Latitude: 40.185900 Longitude: -104.617510 PDOP: \_\_\_\_\_ Measurement Date: 04/25/2011  
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: 06/22/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Production Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.185940 Longitude: -104.617690 PDOP: \_\_\_\_\_ Measurement Date: 04/25/2011  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 420050 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: DECHANT STATE H Number: 36-18D  
County: WELD  
Qtr Qtr: NWNW Section: 36 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.185900 Longitude: -104.617510

**Flowline Start Point Riser**

Latitude: 40.185900 Longitude -104.617510 PDOP: \_\_\_\_\_ Measurement Date: 04/25/2011

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: 06/22/2011

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

Signed: \_\_\_\_\_ Date: 06/06/2019 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: \_\_\_\_\_

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files