

State of Colorado
Oil and Gas Conservation Commission

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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 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: 465053 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: 465054 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: 465055 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: 6/7/2019

Attachment Check List

Att Doc Num	Name
402066812	Form44 Submitted

Total Attach: 1 Files