

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

06/05/2019

Document Number:

402065767

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: 418733 Location Type: Production Facilities
Name: LDS D Number: 17-24D TANK
County: WELD
Qtr Qtr: SWNE Section: 17 Township: 3N Range: 64W Meridian: 6
Latitude: 40.225750 Longitude: -104.574590

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463276 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.225860 Longitude: -104.574900 PDOP: Measurement Date: 05/13/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330145 Location Type: Well Site No Location ID
Name: HSR-LDS-63N64W Number: 17SENV
County: WELD
Qtr Qtr: SENW Section: 17 Township: 3N Range: 64W Meridian: 6
Latitude: 40.227185 Longitude: -104.578021

Flowline Start Point Riser

Latitude: 40.227185 Longitude: -104.578021 PDOP: Measurement Date: 05/13/2017
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: 11/22/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 03/19/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463277 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.225860 Longitude: -104.574900 PDOP: _____ Measurement Date: 05/13/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330107 Location Type: _____ Well Site No Location ID

Name: HSR-LDS B-63N64W Number: 17SWNW

County: WELD

Qtr Qtr: SWNW Section: 17 Township: 3N Range: 64W Meridian: 6

Latitude: 40.227610 Longitude: -104.581980

Flowline Start Point Riser

Latitude: 40.227610 Longitude: -104.581980 PDOP: _____ Measurement Date: 05/13/2017

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: 11/19/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 03/19/2019

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 3/19/19.

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

Signed: _____ Date: 06/05/2019 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

402065767

Form44 Submitted

Total Attach: 1 Files