

State of Colorado  
Oil and Gas Conservation Commission

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



OGCC RECEPTION

Receive Date:

06/13/2019

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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  No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317699 Location Type: Production Facilities  
Name: ACCO-TERRA-STATE-63N64W Number: 36NENE  
County: WELD  
Qtr Qtr: NENE Section: 36 Township: 3N Range: 64W Meridian: 6  
Latitude: 40.185580 Longitude: -104.495140

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458395 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.185840 Longitude: -104.495000 PDOP: 2.5 Measurement Date: 06/06/2007  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305455 Location Type: Well Site  No Location ID  
Name: KANGA STATE D-63N64W Number: 36NWNE  
County: WELD  
Qtr Qtr: NWNE Section: 36 Township: 3N Range: 64W Meridian: 6  
Latitude: 40.187736 Longitude: -104.497908

Flowline Start Point Riser

Latitude: 40.187740 Longitude: -104.498000 PDOP: Measurement Date: 06/06/2007  
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: 04/03/2006  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 08/23/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 458397 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.185840 Longitude: -104.495000 PDOP: 2.6 Measurement Date: 06/06/2007

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 305548 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: RHOO STATE D-63N64W Number: 36SWNE

County: WELD

Qtr Qtr: SWNE Section: 36 Township: 3N Range: 64W Meridian: 6

Latitude: 40.184090 Longitude: -104.497840

**Flowline Start Point Riser**

Latitude: 40.184090 Longitude: -104.497840 PDOP: \_\_\_\_\_ Measurement Date: 06/06/2007

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: 10/18/2005  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 08/23/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 458396 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.185840 Longitude: -104.495000 PDOP: 4.1 Measurement Date: 05/12/2018

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 305929 Location Type: Well Site  No Location ID

Name: KANGA STATE D-63N64W Number: 36NENE

County: WELD

Qtr Qtr: NENE Section: 36 Township: 3N Range: 64W Meridian: 6

Latitude: 40.187080 Longitude: -104.492560

**Flowline Start Point Riser**

Latitude: 40.187100 Longitude: -104.493000 PDOP: 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: 08/15/2006

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 08/23/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 458398 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.185840 Longitude: -104.495000 PDOP: 2.3 Measurement Date: 12/21/1972

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 317699 Location Type: Well Site  No Location ID

Name: ACCO-TERRA-STATE-63N64W Number: 36NENE

County: WELD

Qtr Qtr: NENE Section: 36 Township: 3N Range: 64W Meridian: 6

Latitude: 40.185580 Longitude: -104.495140

**Flowline Start Point Riser**

Latitude: 40.185580 Longitude: -104.495140 PDOP: Measurement Date: 12/21/1972

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: 12/21/1972

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 08/24/2018

**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.

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

Signed: \_\_\_\_\_ Date: 06/13/2019 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