

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/14/2019

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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: 460801 Location Type: Production Facilities
Name: Hambert Number:
County: WELD
Qtr Qtr: NWNW Section: 32 Township: 4N Range: 65W Meridian: 6
Latitude: 40.275870 Longitude: -104.694000

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462545 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.275870 Longitude: -104.694000 PDOP: Measurement Date: 05/15/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323736 Location Type: Well Site No Location ID
Name: HAMBERT R G-64N65W Number: 32NENE
County: WELD
Qtr Qtr: NENE Section: 32 Township: 4N Range: 65W Meridian: 6
Latitude: 40.274466 Longitude: -104.680481

Flowline Start Point Riser

Latitude: 40.274466 Longitude: -104.680481 PDOP: Measurement Date: 05/15/2017
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: 08/13/1987
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/11/2018

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462542 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.275870 Longitude: -104.694000 PDOP: _____ Measurement Date: 05/15/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 311349 Location Type: _____ Well Site No Location ID

Name: HAMBERT R G-64N65W Number: 32NENW

County: WELD

Qtr Qtr: NENW Section: 32 Township: 4N Range: 65W Meridian: 6

Latitude: 40.274160 Longitude: -104.689300

Flowline Start Point Riser

Latitude: 40.274160 Longitude: -104.689300 PDOP: _____ Measurement Date: 05/15/2017

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: 08/02/1987
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/11/2018

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462544 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.275870 Longitude: -104.694000 PDOP: Measurement Date: 05/15/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332862 Location Type: Well Site No Location ID

Name: MUSICK-MCCLINTOCK-64N65W Number: 32NWNE

County: WELD

Qtr Qtr: NWNE Section: 32 Township: 4N Range: 65W Meridian: 6

Latitude: 40.274318 Longitude: -104.684554

Flowline Start Point Riser

Latitude: 40.274318 Longitude: -104.684554 PDOP: Measurement Date: 05/15/2017

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: 07/04/1987

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/11/2018

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462543 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.275870 Longitude: -104.694000 PDOP: Measurement Date: 05/15/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 311500 Location Type: Well Site No Location ID

Name: HAMBERT G-64N65W Number: 32NWNW

County: WELD

Qtr Qtr: NWNW Section: 32 Township: 4N Range: 65W Meridian: 6

Latitude: 40.273805 Longitude: -104.693565

Flowline Start Point Riser

Latitude: 40.273805 Longitude: -104.693565 PDOP: Measurement Date: 05/15/2017

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: 02/26/2008

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

Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/12/2018

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: 06/14/2019 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

Att Doc Num	Name

Total Attach: 0 Files