

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/26/2019

Document Number:

402088776

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: 333311 Location Type: Production Facilities
Name: GWAA-65N65W Number: 2SWSE
County: WELD
Qtr Qtr: SWSE Section: 2 Township: 5N Range: 65W Meridian: 6
Latitude: 40.423740 Longitude: -104.626510

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462558 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.423836 Longitude: -104.626799 PDOP: Measurement Date: 05/01/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333311 Location Type: Well Site [ ] No Location ID
Name: GWAA-65N65W Number: 2SWSE
County: WELD
Qtr Qtr: SWSE Section: 2 Township: 5N Range: 65W Meridian: 6
Latitude: 40.423740 Longitude: -104.626510

Flowline Start Point Riser

Latitude: 40.423740 Longitude: -104.626510 PDOP: Measurement Date: 05/04/2017
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: 01/16/2009  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 10/03/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 462559 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.423836 Longitude: -104.626799 PDOP: \_\_\_\_\_ Measurement Date: 05/01/2017

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 333311 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: GWAA-65N65W Number: 2SWSE

County: WELD

Qtr Qtr: SWSE Section: 2 Township: 5N Range: 65W Meridian: 6

Latitude: 40.423740 Longitude: -104.626510

**Flowline Start Point Riser**

Latitude: 40.423800 Longitude: -104.626500 PDOP: \_\_\_\_\_ Measurement Date: 05/01/2017

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: 01/20/2009  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 10/03/2018

**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: 06/26/2019 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: 6/28/2019

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402088776	Form44 Submitted

Total Attach: 1 Files