

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/28/2019

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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: 319247 Location Type: Production Facilities
Name: RMPCO KISSLER-64N66W Number: 21NENW
County: WELD
Qtr Qtr: NENW Section: 21 Township: 4N Range: 66W Meridian: 6
Latitude: 40.301460 Longitude: -104.784326

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461439 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.301750 Longitude: -104.784381 PDOP: Measurement Date: 05/14/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327912 Location Type: Well Site No Location ID
Name: SCHAFFER-64N66W Number: 21SWNE
County: WELD
Qtr Qtr: SWNE Section: 21 Township: 4N Range: 66W Meridian: 6
Latitude: 40.299470 Longitude: -104.780690

Flowline Start Point Riser

Latitude: 40.299470 Longitude: -104.780690 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: 12/08/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 02/14/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461440 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.301750 Longitude: -104.784381 PDOP: _____ Measurement Date: 05/13/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336620 Location Type: _____ Well Site No Location ID

Name: KISSLER K-64N66W Number: 21NWNE

County: WELD

Qtr Qtr: NWNE Section: 21 Township: 4N Range: 66W Meridian: 6

Latitude: 40.302520 Longitude: -104.780990

Flowline Start Point Riser

Latitude: 40.302520 Longitude: -104.780990 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: 12/07/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 02/15/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461442 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.301540 Longitude: -104.784470 PDOP: Measurement Date: 05/13/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 309703 Location Type: Well Site No Location ID

Name: SCHAFFER K-64N66W Number: 21SWNE

County: WELD

Qtr Qtr: SWNE Section: 21 Township: 4N Range: 66W Meridian: 6

Latitude: 40.300767 Longitude: -104.778345

Flowline Start Point Riser

Latitude: 40.300767 Longitude: -104.778345 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: 08/31/2007

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 02/15/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461441 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.301750 Longitude: -104.784381 PDOP: Measurement Date: 05/13/2017

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323486 Location Type: Well Site No Location ID

Name: SCHAFFER-64N66W Number: 21SENE

County: WELD

Qtr Qtr: SENE Section: 21 Township: 4N Range: 66W Meridian: 6

Latitude: 40.298850 Longitude: -104.775510

Flowline Start Point Riser

Latitude: 40.298850 Longitude: -104.775510 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: 12/12/1991

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

Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 02/15/2019

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.

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

Signed: _____ Date: 06/28/2019 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