

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/28/2019

Document Number:

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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: 332925 Location Type: Production Facilities  
Name: SAMUEL J-65N66W Number: 7NWSE  
County: WELD  
Qtr Qtr: NWSE Section: 7 Township: 5N Range: 66W Meridian: 6  
Latitude: 40.411950 Longitude: -104.818590

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 461395 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.412130 Longitude: -104.818450 PDOP: Measurement Date: 05/15/2017  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332925 Location Type: Well Site  No Location ID  
Name: SAMUEL J-65N66W Number: 7NWSE  
County: WELD  
Qtr Qtr: NWSE Section: 7 Township: 5N Range: 66W Meridian: 6  
Latitude: 40.411950 Longitude: -104.818590

Flowline Start Point Riser

Latitude: 40.411950 Longitude: -104.818590 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: 06/24/2005  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 10/10/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 461398 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.412130 Longitude: -104.818450 PDOP: \_\_\_\_\_ Measurement Date: 05/15/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332925 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: SAMUEL J-65N66W Number: 7NWSE  
County: WELD  
Qtr Qtr: NWSE Section: 7 Township: 5N Range: 66W Meridian: 6  
Latitude: 40.411950 Longitude: -104.818590

**Flowline Start Point Riser**

Latitude: 40.411824 Longitude: -104.818563 PDOP: \_\_\_\_\_ Measurement Date: 05/08/2017  
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: 06/01/2005  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 10/10/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 461396 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.412130 Longitude: -104.818450 PDOP: Measurement Date: 06/08/2017

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332925 Location Type: Well Site  No Location ID

Name: SAMUEL J-65N66W Number: 7NWSE

County: WELD

Qtr Qtr: NWSE Section: 7 Township: 5N Range: 66W Meridian: 6

Latitude: 40.411950 Longitude: -104.818590

**Flowline Start Point Riser**

Latitude: 40.411814 Longitude: -104.818293 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: 06/06/2005

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 10/10/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 461397 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.412130 Longitude: -104.818450 PDOP: Measurement Date: 05/15/2017

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332925 Location Type: Well Site  No Location ID

Name: SAMUEL J-65N66W Number: 7NWSE

County: WELD

Qtr Qtr: NWSE Section: 7 Township: 5N Range: 66W Meridian: 6

Latitude: 40.411950 Longitude: -104.818590

**Flowline Start Point Riser**

Latitude: 40.411824 Longitude: -104.818473 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: 06/17/2005

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

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

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 10/10/2018

**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: 06/28/2019 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