

State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

07/01/2019

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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: 420221 Location Type: Production Facilities  
Name: DECHANT Number: H36-24 TANK  
County: WELD  
Qtr Qtr: SESW Section: 36 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.177180 Longitude: -104.616890

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465668 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.177450 Longitude: -104.617075 PDOP: Measurement Date: 06/19/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 317694 Location Type: Well Site ☐ No Location ID  
Name: DECHANT Number: H36-24  
County: WELD  
Qtr Qtr: NESW Section: 36 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.177870 Longitude: -104.617010

**Flowline Start Point Riser**

Latitude: 40.177870 Longitude: -104.617010 PDOP: Measurement Date: 06/19/2019  
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: 06/20/2012  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 06/19/2019

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465667 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.177450 Longitude: -104.617005 PDOP: \_\_\_\_\_ Measurement Date: 06/19/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 420219 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID

Name: DECHANT STATE Number: H36-11

County: WELD

Qtr Qtr: NESW Section: 36 Township: 3N Range: 65W Meridian: 6

Latitude: 40.179680 Longitude: -104.614830

**Flowline Start Point Riser**

Latitude: 40.179680 Longitude: -104.614830 PDOP: \_\_\_\_\_ Measurement Date: 06/19/2019

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: 06/16/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 06/19/2019

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465666 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.177450 Longitude: -104.617075 PDOP: Measurement Date: 06/19/2019  
Equipment at End Point Riser: Separator

#### **Flowline Start Point Location Identification**

Location ID: 420316 Location Type: Well Site ☐ No Location ID  
Name: DECHANT STATE Number: H36-20D  
County: WELD  
Qtr Qtr: NWSW Section: 36 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.180170 Longitude: -104.620090

#### **Flowline Start Point Riser**

Latitude: 40.180170 Longitude: -104.620090 PDOP: Measurement Date: 06/19/2019  
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: 06/18/2011  
Maximum Anticipated Operating Pressure (PSI): Testing PSI:  
Test Date:

#### **OFF LOCATION FLOWLINE ABANDONMENT**

Date: 06/19/2019

##### **Description of Abandonment**

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

#### **FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465669 Flowline Type: Production Line Action Type: Abandonment

#### **OFF LOCATION FLOWLINE REGISTRATION**

##### **Flowline End Point Riser**

Latitude: 40.177450 Longitude: -104.617075 PDOP: Measurement Date: 06/19/2019  
Equipment at End Point Riser: Separator

##### **Flowline Start Point Location Identification**

Location ID: 328515 Location Type: Well Site ☐ No Location ID  
Name: SPIKE STATE GWS-63N65W Number: 36SWSW  
County: WELD  
Qtr Qtr: SWSW Section: 36 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.175670 Longitude: -104.619970

##### **Flowline Start Point Riser**

Latitude: 40.175670 Longitude: -104.619970 PDOP: Measurement Date: 06/19/2019  
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: 05/04/1993  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 06/19/2019

**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: 07/01/2019 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**

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Total Attach: 0 Files