

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

Document Number:

402093048

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: 7/2/2019

Attachment Check List

Att Doc Num

Name

402093048

Form44 Submitted

Total Attach: 1 Files