

State of Colorado Oil and Gas Conservation Commission

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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 [X] 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

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

<u>Att Doc Num</u>	<u>Name</u>
402093048	Form44 Submitted

Total Attach: 1 Files