

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/10/2019

Document Number:

402101732

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: 327532 Location Type: Production Facilities  
Name: WOLFSON-64N67W Number: 26NWNE  
County: WELD  
Qtr Qtr: NWNE Section: 26 Township: 4N Range: 67W Meridian: 6  
Latitude: 40.288100 Longitude: -104.854830

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456706 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.288200 Longitude: -104.855100 PDOP: Measurement Date: 09/18/2006  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330906 Location Type: Well Site [ ] No Location ID  
Name: SCOTTDAL-64N67W Number: 26SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 26 Township: 4N Range: 67W Meridian: 6  
Latitude: 40.285694 Longitude: -104.855348

Flowline Start Point Riser

Latitude: 40.285694 Longitude: -104.855348 PDOP: 3.7 Measurement Date: 09/18/2006  
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: 03/08/2000  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 05/03/2019

**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: 07/10/2019 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: 7/10/2019

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402101732	Form44 Submitted

Total Attach: 1 Files