

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

07/10/2019

Document Number:

402101731**Produced Water Transfer System**

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: 10686 Contact Person: Anita Cuevas
 Company Name: NOBLE MIDSTREAM SERVICES LLC Phone: (303) 6537960
 Address: 1625 BROADWAY #2200 Email: anita.cuevas@nblmidstream.com
 City: DENVER State: CO Zip: 80202
 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 ☐

PRODUCED WATER TRANSFER SYSTEM**PRODUCED WATER TRANSFER SYSTEM IDENTIFICATION**

Facility ID: _____ Transfer System Name: GCP-06-MON-300-L3 Action Type: Registration
 Estimated Daily Transfer Volume : 3700 Facility Surety ID: 20180081
 (barrels) Financial Assurance Rule 711 _____

PRODUCED WATER TRANSFER SYSTEM REGISTRATIONPlanned Construction Date: 09/05/2019

A representative legal location and associated latitude and longitude near the center of the transfer system.

County: WELDQtr Qtr: SWSW Section: 20 Township: 5N Range: 66W Meridian: 6Latitude: 40.377950 Longitude: -104.811455**PRODUCED WATER TRANSFER LINE AS-BUILT SPECIFICATIONS**

Date Produced Water Transfer Line was Placed into Service: _____

Pipe Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: _____ Standard Dimension Ratio: _____
 (for HDPE pipe only)
 Max outer Diameter (inches): _____ Wall Thickness: _____ Weight (lb/ft): _____ Grade: _____
 Coating: _____ Pipe Material: _____ Burial Depth: _____
 Max Anticipated Operating PSI: _____ Testing Pressure: _____ Test Date: _____

Description of Corrosion Protection:

Description of Integrity Management Program:

Construction method used for all public by-ways, road crossings, sensitive wildlife habitats, sensitive areas and natural and manmade watercourses (i.e., bored and cased or bored only)

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PRODUCED WATER TRANSFER SYSTEM REMOVAL FROM SERVICE

Date: _____

Description of Removeal From Service:

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OPERATOR COMMENTS AND SUBMITTAL

Comments

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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: anita.cuevas@nblmidstream.com

Print Name: Anita Cuevas Title: Regulatory Contractor

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

402101733	LAYOUT DRAWING-PROPOSED
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Total Attach: 1 Files