

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:

07/16/2019

Document Number:

402110814

## 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: 302630 Location Type: Production Facilities  
Name: THISTLE DOWN B Number: 31-20D  
County: WELD  
Qtr Qtr: SENW Section: 31 Township: 5N Range: 64W Meridian: 6  
Latitude: 40.356150 Longitude: -104.592710

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 465984 Flowline Type: Production Line Action Type: Abandonment

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

Latitude: 40.356280 Longitude: -104.593595 PDOP: Measurement Date: 06/21/2019  
Equipment at End Point Riser: Well

**Flowline Start Point Location Identification**

Location ID: 326815 Location Type: Well Site ☐ No Location ID  
Name: GEMINI UPRR-65N64W Number: 31NWSW  
County: WELD  
Qtr Qtr: NWSW Section: 31 Township: 5N Range: 64W Meridian: 6  
Latitude: 40.353850 Longitude: -104.599730

**Flowline Start Point Riser**

Latitude: 40.353850 Longitude: -104.599730 PDOP: Measurement Date: 06/21/2019  
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: 07/19/2009  
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: 465985 Flowline Type: Production Line Action Type: Abandonment

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

Latitude: 40.356240 Longitude: -104.593471 PDOP: \_\_\_\_\_ Measurement Date: 06/19/2019  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 302630 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID

Name: THISTLE DOWN B Number: 31-20D

County: WELD

Qtr Qtr: SENW Section: 31 Township: 5N Range: 64W Meridian: 6

Latitude: 40.356150 Longitude: -104.592710

**Flowline Start Point Riser**

Latitude: 40.356150 Longitude: -104.592710 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: 04/16/2009  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 06/21/2019

**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: 07/16/2019 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