

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:

07/15/2019

Document Number:

402084974

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: 447718 Location Type: Production Facilities
Name: SCHMIER-65N64W Number: 32NWNW
County: WELD
Qtr Qtr: NWNW Section: 32 Township: 5N Range: 64W Meridian: 6
Latitude: 40.359501 Longitude: -104.582832

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466090 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.359360 Longitude: -104.582763 PDOP: Measurement Date: 11/14/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327645 Location Type: Well Site ☐ No Location ID
Name: SCHMIER-65N64W Number: 32SWNW
County: WELD
Qtr Qtr: SWNW Section: 32 Township: 5N Range: 64W Meridian: 6
Latitude: 40.357380 Longitude: -104.580720

Flowline Start Point Riser

Latitude: 40.357380 Longitude: -104.580720 PDOP: Measurement Date: 11/14/2018
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: 05/27/1991
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments We plan on decommissioning these lines and will report back more accurate coordinates at a later date.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 07/15/2019 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: 7/17/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402084974	Form44 Submitted

Total Attach: 1 Files