

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/23/2019

Document Number:

402118041

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: 447067 Location Type: Production Facilities
Name: CORBIN RED D 30-4J,9,15,16 Number:
County: WELD
Qtr Qtr: SESE Section: 30 Township: 3N Range: 64W Meridian: 6
Latitude: 40.192540 Longitude: -104.587981

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466191 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.192710 Longitude: -104.587630 PDOP: Measurement Date: 01/22/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 309822 Location Type: Well Site [] No Location ID
Name: MCWILLIAMS D-63N64W Number: 30SENE
County: WELD
Qtr Qtr: SENE Section: 30 Township: 3N Range: 64W Meridian: 6
Latitude: 40.196439 Longitude: -104.585105

Flowline Start Point Riser

Latitude: 40.196439 Longitude: -104.585105 PDOP: Measurement Date: 01/22/2019
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: 04/03/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 01/22/2019

Description of Abandonment

Purged fluids, abandoned in place, cut risers below ground and plugged both ends.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466190 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.192740 Longitude: -104.587646 PDOP: _____ Measurement Date: 01/22/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 309800 Location Type: _____ Well Site No Location ID

Name: MCWILLIAMS D-63N64W Number: 30SWNE

County: WELD

Qtr Qtr: SWNE Section: 30 Township: 3N Range: 64W Meridian: 6

Latitude: 40.196401 Longitude: -104.589940

Flowline Start Point Riser

Latitude: 40.196401 Longitude: -104.589940 PDOP: _____ Measurement Date: 01/22/2019

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: 04/03/2008
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 01/22/2019

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: 07/23/2019 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: 7/23/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402118041	Form44 Submitted

Total Attach: 1 Files