

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:

07/24/2019

Document Number:

402050906

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: 446972 Location Type: Production Facilities
Name: LDSA 9&16&20-8 O SA Number: 34002013
County: WELD
Qtr Qtr: NESE Section: 8 Township: 3N Range: 64W Meridian: 6
Latitude: 40.239917 Longitude: -104.566276

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466250 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.239790 Longitude: -104.566307 PDOP: Measurement Date: 05/10/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330106 Location Type: Well Site ☐ No Location ID
Name: HSR-LDS-63N64W Number: 8SESE
County: WELD
Qtr Qtr: SESE Section: 8 Township: 3N Range: 64W Meridian: 6
Latitude: 40.234380 Longitude: -104.567760

Flowline Start Point Riser

Latitude: 40.234380 Longitude: -104.567760 PDOP: Measurement Date: 05/10/2019
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: 08/26/1994
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: 07/24/2019 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: 7/24/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402050906	Form44 Submitted

Total Attach: 1 Files