

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:

402120844

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: 327343 Location Type: Production Facilities
Name: VICTOR E GOODHARD-63N65W Number: 22NESW
County: WELD
Qtr Qtr: NESW Section: 22 Township: 3N Range: 65W Meridian: 6
Latitude: 40.209078 Longitude: -104.652140

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466251 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.209310 Longitude: -104.652200 PDOP: Measurement Date: 05/12/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332477 Location Type: Well Site ☐ No Location ID
Name: MOSER Number: H22-765 Pad
County: WELD
Qtr Qtr: SESW Section: 22 Township: 3N Range: 65W Meridian: 6
Latitude: 40.204951 Longitude: -104.652122

Flowline Start Point Riser

Latitude: 40.204951 Longitude: -104.652122 PDOP: Measurement Date: 05/12/2017
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: 02/14/2005
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**Att Doc Num****Name**

402120844	Form44 Submitted
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Total Attach: 1 Files