

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

07/24/2019

Document Number:

401881155

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) 6397441
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: 327446 Location Type: Production Facilities
Name: MULVERY-63N65W Number: 22SENW
County: WELD
Qtr Qtr: SENW Section: 22 Township: 3N Range: 65W Meridian: 6
Latitude: 40.212734 Longitude: -104.652814

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466254 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.212710 Longitude: -104.653070 PDOP: 1.6 Measurement Date: 05/12/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 306154 Location Type: Well Site [] No Location ID
Name: FRANK-63N65W Number: 22NWNW
County: WELD
Qtr Qtr: NWNW Section: 22 Township: 3N Range: 65W Meridian: 6
Latitude: 40.214680 Longitude: -104.654630

Flowline Start Point Riser

Latitude: 40.214680 Longitude: -104.654630 PDOP: 1.6 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: 10/10/2006
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466255 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.212710 Longitude: -104.653080 PDOP: 1.6 Measurement Date: 05/12/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330919 Location Type: Well Site No Location ID
Name: FRANK-63N65W Number: 22NENW
County: WELD
Qtr Qtr: NENW Section: 22 Township: 3N Range: 65W Meridian: 6
Latitude: 40.216378 Longitude: -104.654074

Flowline Start Point Riser

Latitude: 40.216378 Longitude: -104.654074 PDOP: 1.6 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: 02/14/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466256 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.212710 Longitude: -104.653080 PDOP: 2.4 Measurement Date: 05/12/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330920 Location Type: Well Site No Location ID
Name: FRANK-63N65W Number: 22SWSW
County: WELD
Qtr Qtr: SWSW Section: 22 Township: 3N Range: 65W Meridian: 6
Latitude: 40.205602 Longitude: -104.656982

Flowline Start Point Riser

Latitude: 40.205602 Longitude -104.656982 PDOP: 2.4 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: 02/07/2000

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.
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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
401881155	Form44 Submitted

Total Attach: 1 Files