

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:

07/29/2019

Document Number:

402124581

## 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: 423594 Location Type: Production Facilities  
Name: BICKLING PC D Number: 02-33TANK  
County: WELD  
Qtr Qtr: SENE Section: 3 Township: 6N Range: 65W Meridian: 6  
Latitude: 40.518290 Longitude: -104.640920

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466316 Flowline Type: Production Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.518280 Longitude: -104.640786 PDOP: Measurement Date: 07/16/2019  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 422832 Location Type: Well Site ☐ No Location ID  
Name: BICKLING PC E Number: 03-21D  
County: WELD  
Qtr Qtr: SENE Section: 3 Township: 6N Range: 65W Meridian: 6  
Latitude: 40.516440 Longitude: -104.640640

## Flowline Start Point Riser

Latitude: 40.516440 Longitude: -104.640640 PDOP: Measurement Date: 07/19/2019  
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: 04/29/2012  
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: 07/29/2019 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: 7/29/2019

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402124581	Form44 Submitted

Total Attach: 1 Files