

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:

07/29/2019

Document Number:

402125369

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: Location Type: Production Facilities
Name: Foster UPRR Pan AM Number:
County: WELD
Qtr Qtr: NENW Section: 35 Township: 3N Range: 65W Meridian: 6
Latitude: 40.188730 Longitude: -104.636303

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.188730 Longitude: -104.636303 PDOP: Measurement Date: 06/18/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330386 Location Type: Well Site No Location ID
Name: HSR-FOSTER-63N65W Number: 35NWNW
County: WELD
Qtr Qtr: NWNW Section: 35 Township: 3N Range: 65W Meridian: 6
Latitude: 40.187772 Longitude: -104.638603

Flowline Start Point Riser

Latitude: 40.187772 Longitude: -104.638603 PDOP: Measurement Date: 06/18/2019
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: 12/19/1995
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.188730 Longitude: -104.636303 PDOP: _____ Measurement Date: 06/17/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 332407 Location Type: _____ Well Site No Location ID
Name: FOSTER-63N65W Number: 35NWNW
County: WELD
Qtr Qtr: NWNW Section: 35 Township: 3N Range: 65W Meridian: 6
Latitude: 40.185900 Longitude: -104.635820

Flowline Start Point Riser

Latitude: 40.185900 Longitude: -104.635820 PDOP: _____ Measurement Date: 06/17/2019
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: 08/03/2004
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.188730 Longitude: -104.636303 PDOP: _____ Measurement Date: 06/17/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330385 Location Type: _____ Well Site No Location ID
Name: HSR-FOSTER-63N65W Number: 35NENW
County: WELD
Qtr Qtr: NENW Section: 35 Township: 3N Range: 65W Meridian: 6
Latitude: 40.186790 Longitude: -104.632920

Flowline Start Point Riser

Latitude: 40.186790 Longitude -104.632920 PDOP: Measurement Date: 06/17/2019

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: 11/11/1995
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.188730 Longitude: -104.636303 PDOP: Measurement Date: 06/18/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 327379 Location Type: Well Site No Location ID
Name: UPRR 53 PAN AM UT /P/-63N65W Number: 35NENW
County: WELD
Qtr Qtr: NENW Section: 35 Township: 3N Range: 65W Meridian: 6
Latitude: 40.186306 Longitude: -104.634475

Flowline Start Point Riser

Latitude: 40.186306 Longitude -104.634475 PDOP: Measurement Date: 06/18/2019
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: 09/26/1990
Maximum Anticipated Operating Pressure (PSI): Testing PSI:
Test Date:

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.188730 Longitude: -104.636303 PDOP: Measurement Date: 06/19/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 330443 Location Type: Well Site No Location ID
Name: HSR-FOSTER-63N65W Number: 35SWNW
County: WELD

Qtr Qtr: SWNW Section: 35 Township: 3N Range: 65W Meridian: 6
Latitude: 40.183620 Longitude: -104.637870

Flowline Start Point Riser

Latitude: 40.183620 Longitude -104.637870 PDOP: _____ Measurement Date: 06/19/2019
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: 05/15/1996
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.188730 Longitude: -104.636303 PDOP: _____ Measurement Date: 06/18/2019
Equipment at End Point Riser: Well

Flowline Start Point Location Identification

Location ID: 330444 Location Type: _____ Well Site No Location ID
Name: HSR-FOSTER-63N65W Number: 35SEW
County: WELD
Qtr Qtr: SEW Section: 35 Township: 3N Range: 65W Meridian: 6
Latitude: 40.183640 Longitude: -104.633130

Flowline Start Point Riser

Latitude: 40.183640 Longitude -104.633130 PDOP: _____ Measurement Date: 06/18/2019
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: 05/29/1996
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. Although this line is approx. 250 ft away according to the system, it is off-location.

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: _____

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|--------------------|
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Total Attach: 0 Files