

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:

07/30/2019

Document Number:

402126379

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: 302865 Location Type: Production Facilities
Name: OSTER G-64N65W Number: 30SWSE
County: WELD
Qtr Qtr: SWSE Section: 30 Township: 4N Range: 65W Meridian: 6
Latitude: 40.279660 Longitude: -104.705930

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466323 Flowline Type: Production Line Action Type: Abandonment

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

Latitude: 40.282900 Longitude: -104.700099 PDOP: Measurement Date: 07/10/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302865 Location Type: Well Site ☐ No Location ID
Name: OSTER G-64N65W Number: 30SWSE
County: WELD
Qtr Qtr: SWSE Section: 30 Township: 4N Range: 65W Meridian: 6
Latitude: 40.279660 Longitude: -104.705930

Flowline Start Point Riser

Latitude: 40.279660 Longitude: -104.705930 PDOP: Measurement Date: 07/10/2019
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: 12/30/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/10/2019

Description of Abandonment

Purged fluids, abandoned in place, cut risers below ground and plugged both ends.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466322 Flowline Type: Production Line Action Type: Abandonment

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

Latitude: 40.282900 Longitude: -104.699913 PDOP: _____ Measurement Date: 07/10/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302864 Location Type: _____ Well Site ☐ No Location ID

Name: OSTER G-64N65W Number: 30NESE

County: WELD

Qtr Qtr: NESE Section: 30 Township: 4N Range: 65W Meridian: 6

Latitude: 40.280250 Longitude: -104.701240

Flowline Start Point Riser

Latitude: 40.280250 Longitude: -104.701240 PDOP: _____ Measurement Date: 07/10/2019

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: 12/17/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 07/10/2019

Description of Abandonment

Purged fluids, abandoned in place, cut risers below ground and plugged both ends.

OPERATOR COMMENTS AND SUBMITTAL

Comments

Noble respectfully submits this form to report a flowline that was abandoned.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 07/30/2019 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: 7/30/2019

Attachment Check List

Att Doc Num

Name

402126379

Form44 Submitted

Total Attach: 1 Files