

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

07/30/2019

Document Number:

402126372

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: 330386 Location Type: Production Facilities
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 FACILITY INFORMATION

Flowline Facility ID: 466329 Flowline Type: Production Line Action Type: Abandonment

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: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/27/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466327 Flowline Type: Production Line Action Type: Abandonment

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: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/27/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466330 Flowline Type: Production Line Action Type: Abandonment

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:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/27/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466331 Flowline Type: Production Line Action Type: Abandonment

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: SENW 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: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/27/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466326 Flowline Type: Production Line Action Type: Abandonment

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: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/27/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466328 Flowline Type: Production Line Action Type: Abandonment

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:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/27/2019

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 flowlines that were 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

<u>Att Doc Num</u>	<u>Name</u>
402126372	Form44 Submitted

Total Attach: 1 Files