

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/25/2019

Document Number:

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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: 418880 Location Type: Production Facilities
Name: WIEDEMAN Number: 25-5
County: WELD
Qtr Qtr: NENW Section: 5 Township: 5N Range: 66W Meridian: 6
Latitude: 40.433375 Longitude: -104.807065

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.433370 Longitude: -104.807154 PDOP: Measurement Date: 07/24/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 418881 Location Type: Well Site [] No Location ID
Name: WIEDEMAN Number: 25-5
County: WELD
Qtr Qtr: NENW Section: 5 Township: 5N Range: 66W Meridian: 6
Latitude: 40.433998 Longitude: -104.806936

Flowline Start Point Riser

Latitude: 40.433998 Longitude: -104.806936 PDOP: Measurement Date: 07/24/2018
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: 02/28/2011
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: 40.433460 Longitude: -104.807168 PDOP: _____ Measurement Date: 07/24/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 418885 Location Type: _____ Well Site No Location ID
Name: WIEDEMAN Number: 22-5
County: WELD
Qtr Qtr: NENW Section: 5 Township: 5N Range: 66W Meridian: 6
Latitude: 40.433914 Longitude: -104.806901

Flowline Start Point Riser

Latitude: 40.433914 Longitude: -104.806901 PDOP: _____ Measurement Date: 07/24/2018
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: 02/28/2011
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: 40.433440 Longitude: -104.807170 PDOP: _____ Measurement Date: 07/24/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 418887 Location Type: _____ Well Site No Location ID
Name: WIEDEMAN Number: 5-5
County: WELD
Qtr Qtr: NENW Section: 5 Township: 5N Range: 66W Meridian: 6
Latitude: 40.434038 Longitude: -104.806958

Flowline Start Point Riser

Latitude: 40.434038 Longitude -104.806958 PDOP: Measurement Date: 07/24/2018

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: 02/28/2011
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: 40.433375 Longitude: -104.807065 PDOP: Measurement Date: 07/24/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 418878 Location Type: Well Site No Location ID
Name: WIEDEMAN Number: 6-5
County: WELD
Qtr Qtr: NENW Section: 5 Township: 5N Range: 66W Meridian: 6
Latitude: 40.433872 Longitude: -104.806885

Flowline Start Point Riser

Latitude: 40.433872 Longitude -104.806885 PDOP: Measurement Date: 07/24/2018
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: 02/28/2011
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: 40.433370 Longitude: -104.807149 PDOP: Measurement Date: 07/24/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 418883 Location Type: Well Site No Location ID
Name: WIEDEMAN Number: 18-5
County: WELD

Qtr Qtr: NENW Section: 5 Township: 5N Range: 66W Meridian: 6
Latitude: 40.433955 Longitude: -104.806919

Flowline Start Point Riser

Latitude: 40.433955 Longitude -104.806919 PDOP: _____ Measurement Date: 07/24/2018

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: 02/28/2011

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: 07/25/2019 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

Att Doc Num	Name

Total Attach: 0 Files