

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:

08/13/2019

Document Number:

402142650

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: 418733 Location Type: Production Facilities
Name: LDS D Number: 17-24D TANK
County: WELD
Qtr Qtr: SWNE Section: 17 Township: 3N Range: 64W Meridian: 6
Latitude: 40.225750 Longitude: -104.574590

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466672 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.225750 Longitude: -104.574590 PDOP: Measurement Date: 02/04/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 428321 Location Type: Well Site No Location ID
Name: LDS D Number: 17-24D
County: WELD
Qtr Qtr: NESW Section: 17 Township: 3N Range: 64W Meridian: 6
Latitude: 40.224650 Longitude: -104.575580

Flowline Start Point Riser

Latitude: 40.224650 Longitude: -104.575580 PDOP: Measurement Date: 02/04/2019
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: 11/21/2012
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466673 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.225750 Longitude: -104.574590 PDOP: _____ Measurement Date: 02/04/2019
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 428321 Location Type: _____ Well Site No Location ID
 Name: LDS D Number: 17-24D
 County: WELD
 Qtr Qtr: NESW Section: 17 Township: 3N Range: 64W Meridian: 6
 Latitude: 40.224650 Longitude: -104.575580

Flowline Start Point Riser

Latitude: 40.224650 Longitude: -104.575580 PDOP: _____ Measurement Date: 02/04/2019
 :
 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: 11/21/2012
 Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
 Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466674 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.225750 Longitude: -104.574590 PDOP: _____ Measurement Date: 02/04/2019
 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 428321 Location Type: _____ Well Site No Location ID
 Name: LDS D Number: 17-24D
 County: WELD
 Qtr Qtr: NESW Section: 17 Township: 3N Range: 64W Meridian: 6
 Latitude: 40.224650 Longitude: -104.575580

Flowline Start Point Riser

Latitude: 40.224650 Longitude -104.575580 PDOP: _____ Measurement Date: 02/04/2019

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: 11/21/2012

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.
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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: 08/13/2019 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: 8/14/2019

Attachment Check List

Att Doc Num	Name
402142650	Form44 Submitted

Total Attach: 1 Files