

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

08/13/2019

Document Number:

402142669

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: 425744 Location Type: Production Facilities
Name: Dechant Number: D31-31D Tank
County: WELD
Qtr Qtr: NWSW Section: 31 Township: 3N Range: 64W Meridian: 6
Latitude: 40.180570 Longitude: -104.602430

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.180631 Longitude: -104.602704 PDOP: Measurement Date: 05/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328994 Location Type: Well Site No Location ID
Name: RIVA BLUE-63N64W Number: 31NWSW
County: WELD
Qtr Qtr: NWSW Section: 31 Township: 3N Range: 64W Meridian: 6
Latitude: 40.179894 Longitude: -104.601144

Flowline Start Point Riser

Latitude: 40.179894 Longitude: -104.601144 PDOP: Measurement Date: 05/06/2019
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: 03/03/1993
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: 40.180631 Longitude: -104.602704 PDOP: _____ Measurement Date: 05/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 425735 Location Type: _____ Well Site No Location ID
Name: Dechant Number: D31-31D Pad
County: WELD
Qtr Qtr: SWNW Section: 31 Township: 3N Range: 64W Meridian: 6
Latitude: 40.182190 Longitude: -104.601430

Flowline Start Point Riser

Latitude: 40.182190 Longitude: -104.601430 PDOP: _____ Measurement Date: 05/06/2019
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: 05/01/2012
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.

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: _____

Attachment Check List

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files