

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:

08/26/2019

Document Number:

402155851

## 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: 423662 Location Type: Production Facilities  
Name: SHELTON Number: 27-2  
County: WELD  
Qtr Qtr: SENE Section: 2 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.255084 Longitude: -104.621527

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 455247 Flowline Type: Production Line Action Type: Abandonment

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

Latitude: 40.255100 Longitude: -104.621500 PDOP: 2.2 Measurement Date: 09/15/2007  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 332178 Location Type: Well Site ☐ No Location ID  
Name: SHELTON-63N65W Number: 2SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 2 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.256280 Longitude: -104.628570

**Flowline Start Point Riser**

Latitude: 40.256280 Longitude: -104.628570 PDOP: 2.2 Measurement Date: 09/15/2007  
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: 11/15/2011  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 05/09/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 455246 Flowline Type: Production Line Action Type: Abandonment

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

Latitude: 40.255100 Longitude: -104.621500 PDOP: 2.1 Measurement Date: 07/11/2006  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 329992 Location Type: Well Site ☐ No Location ID  
Name: SHELTON-63N65W Number: 2SENE  
County: WELD  
Qtr Qtr: SENE Section: 2 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.255890 Longitude: -104.622600

**Flowline Start Point Riser**

Latitude: 40.255890 Longitude: -104.622600 PDOP: 2.1 Measurement Date: 07/11/2006  
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: 05/06/1994  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 05/09/2018

**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: 08/26/2019 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: 8/26/2019

### **Attachment Check List**

**Att Doc Num**

**Name**

402155851

Form44 Submitted

Total Attach: 1 Files