

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

08/26/2019

Document Number:

402155928

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: 305592 Location Type: Production Facilities  
Name: STATE M-66N67W Number: 36NESE  
County: WELD  
Qtr Qtr: NESE Section: 36 Township: 6N Range: 67W Meridian: 6  
Latitude: 40.442710 Longitude: -104.833300

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 455419 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.442730 Longitude: -104.832890 PDOP: 1.5 Measurement Date: 05/10/2017  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 305591 Location Type: Well Site  No Location ID  
Name: STATE M-66N67W Number: 36SWNE  
County: WELD  
Qtr Qtr: SWNE Section: 36 Township: 6N Range: 67W Meridian: 6  
Latitude: 40.445060 Longitude: -104.839510

Flowline Start Point Riser

Latitude: 40.445060 Longitude: -104.839510 PDOP: 1.7 Measurement Date: 05/10/2017  
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: 03/27/2006  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 06/01/2018

**Description of Abandonment**

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

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

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**

<u>Att Doc Num</u>	<u>Name</u>
402155928	Form44 Submitted

Total Attach: 1 Files