

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: 09/06/2019 Document Number: 402168139

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: 319558 Location Type: Production Facilities Name: SCHISLER G Number: 04-27D County: WELD Qtr Qtr: NENE Section: 4 Township: 4N Range: 65W Meridian: 6 Latitude: 40.346510 Longitude: -104.661050

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 467287 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.346530 Longitude: -104.659530 PDOP: Measurement Date: 05/13/2017 Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319558 Location Type: Well Site [] No Location ID Name: SCHISLER G Number: 04-27D County: WELD Qtr Qtr: NENE Section: 4 Township: 4N Range: 65W Meridian: 6 Latitude: 40.346510 Longitude: -104.661050

Flowline Start Point Riser

Latitude: 40.346510 Longitude: -104.661050 PDOP: Measurement Date: 05/09/2017 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: 04/02/2010
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. Although this line is approx. 250 ft away according to the system, it is off-location.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 09/06/2019 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: 9/9/2019

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|------------------|
| 402168139 | Form44 Submitted |

Total Attach: 1 Files