

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

01/08/2020

Document Number:

402280499

Crude Oil Transfer Line

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: 10686 Contact Person: Anita Cuevas
Company Name: NOBLE MIDSTREAM SERVICES LLC Phone: (303) 6537960
Address: 1625 BROADWAY #2200 Email: anita.cuevas@nblmidstream.com
City: DENVER State: CO Zip: 80202
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 ☐

CRUDE OIL TRANSFER LINE

CRUDE OIL TRANSFER LINE IDENTIFICATION

Facility ID: Transfer Line Name: BDO-04-LVA-200-L2 Jurisdiction: COGCC

CRUDE OIL TRANSFER LINE REGISTRATION

Planned Construction Date: 01/20/2020

A representative legal location and associated latitude and longitude near the center of the transfer line.

County: WELD

Qtr Qtr: NWSW Section: 26 Township: 7N Range: 66W Meridian: 6

Latitude: 40.545896 Longitude: -104.753902

CRUDE OIL TRANSFER LINE AS-BUILT SPECIFICATIONS

Date Crude Oil Transfer Line was Placed into Service:

Pipe Description and Testing

Type of Fluid Transferred: Pipe Material: Standard Dimension Ratio: (for HDPE pipe only)
Max outer Diameter (inches): Wall Thickness: Weight (lb/ft): Grade:
Coating: Bedding Material: Burial Depth:
Max Anticipated Operating PSI: Testing Pressure: Test Date:

Description of Corrosion Protection:

Description of Integrity Management Program:

Construction method used for all public by-ways, road crossings, sensitive wildlife habitats, sensitive areas and natural and manmade watercourses (i.e., bored and cased or bored only)

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: 01/08/2020 Email: anita.cuevas@nblmidstream.com

Print Name: Anita Cuevas Title: Regulatory Contractor

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

402280505

LAYOUT DRAWING-PROPOSED

Total Attach: 1 Files