

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/23/2018

Document Number:

401710248

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: LOGAN BOUGHAL
Company Name: NOBLE ENERGY INC Phone: (832) 6397447
Address: 1001 NOBLE ENERGY WAY Email: LOGAN.BOUGHAL@NBLEENERGY.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: 317709 Location Type: Production Facilities
Name: GUTTERSEN STATE Number: D28-21D TANK
County: WELD
Qtr Qtr: NWSW Section: 28 Township: 3N Range: 64W Meridian: 6
Latitude: 40.192650 Longitude: -104.560860

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 456483 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.192950 Longitude: -104.561000 PDOP: 2.0 Measurement Date: 06/19/2009
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302405 Location Type: Well Site [] No Location ID
Name: GUTTERSEN D-63N64W Number: 28SEW
County: WELD
Qtr Qtr: SENW Section: 28 Township: 3N Range: 64W Meridian: 6
Latitude: 40.196620 Longitude: -104.560799

Flowline Start Point Riser

Latitude: 40.196620 Longitude: -104.560799 PDOP: 2.0 Measurement Date: 06/19/2009
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: 07/30/2009
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

WE PLAN ON DECOMMISSIONING THESE LINES, AND WILL REPORT MORE ACCURATE GPS DATA AFTER WORK IS PERFORMED.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 07/23/2018 Email: LOGAN.BOUGHAL@NBLENERGY.CO
M _____

Print Name: LOGAN BOUGHAL Title: REGULATORY ANALYST II

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: 8/2/2018

Attachment Check List

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

Total Attach: 0 Files