

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:

06/05/2018

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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@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: 327389 Location Type: Production Facilities
Name: UPRR 53 PAN AM UT/T/-63N65W Number: 25SEnw
County: WELD
Qtr Qtr: SENW Section: 25 Township: 3N Range: 65W Meridian: 6
Latitude: 40.199617 Longitude: -104.615717

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457786 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.199200 Longitude: -104.616000 PDOP: 1.3 Measurement Date: 05/09/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333179 Location Type: Well Site No Location ID
Name: HSR-DECHANT-63N65W Number: 25SWNW
County: WELD
Qtr Qtr: SWNW Section: 25 Township: 3N Range: 65W Meridian: 6
Latitude: 40.197531 Longitude: -104.618319

Flowline Start Point Riser

Latitude: 40.197531 Longitude: -104.618319 PDOP: 1.8 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: 06/11/1994
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments WE PLAN ON ABANDONIGN THESE LINES, AND WILL REPORT BACK BETTER GPS COORDINATES LATER.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 06/05/2018 Email: LOGAN.BOUGHAL@nblenergy.com

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: 10/5/2018

Attachment Check List

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

Total Attach: 0 Files