

State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/29/2018

Document Number:

401779558

## 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: 424767 Location Type: Production Facilities  
Name: DECHANT D Number: 19-32D TANK  
County: WELD  
Qtr Qtr: NWNW Section: 19 Township: 3N Range: 64W Meridian: 6  
Latitude: 40.217540 Longitude: -104.601110

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.217700 Longitude: -104.601000 PDOP: Measurement Date: 05/10/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 328620 Location Type: Well Site ☐ No Location ID  
Name: TURK BLUE-63N64W Number: 19SENV  
County: WELD  
Qtr Qtr: SENW Section: 19 Township: 3N Range: 64W Meridian: 6  
Latitude: 40.212274 Longitude: -104.596103

**Flowline Start Point Riser**

Latitude: 40.212274 Longitude: -104.596103 PDOP: 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: 08/05/1994  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: \_\_\_\_\_ Production Line \_\_\_\_\_ Action Type: \_\_\_\_\_ Registration \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 40.217700 Longitude: -104.601110 PDOP: \_\_\_\_\_ Measurement Date: 05/10/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 328618 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: TURK BLUE-63N64W Number: 19NWNW  
County: WELD  
Qtr Qtr: NWNW Section: 19 Township: 3N Range: 64W Meridian: 6  
Latitude: 40.216533 Longitude: -104.600807

**Flowline Start Point Riser**

Latitude: 40.216533 Longitude: -104.600807 PDOP: \_\_\_\_\_ 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: 11/10/1992  
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.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 10/29/2018 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: \_\_\_\_\_

**Attachment Check List**

**Att Doc Num**

**Name**

401779558

Form44 Submitted

Total Attach: 1 Files