

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:

02/13/2019

Document Number:

401716634

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: 424329 Location Type: Production Facilities
Name: GUTTERSEN D Number: 04-69HZ
County: WELD
Qtr Qtr: NWNW Section: 4 Township: 3N Range: 64W Meridian: 6
Latitude: 40.261070 Longitude: -104.564330

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462379 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.261600 Longitude: -104.564170 PDOP: 4.6 Measurement Date: 06/12/2012
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 424329 Location Type: Well Site ☐ No Location ID
Name: GUTTERSEN D Number: 04-69HZ
County: WELD
Qtr Qtr: NWNW Section: 4 Township: 3N Range: 64W Meridian: 6
Latitude: 40.261070 Longitude: -104.564330

Flowline Start Point Riser

Latitude: 40.261070 Longitude: -104.564330 PDOP: 4.6 Measurement Date: 06/22/2012
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: 07/19/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462380 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.261550 Longitude: -104.564210 PDOP: 4.0 Measurement Date: 06/12/2012
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 424329 Location Type: Well Site ☐ No Location ID
Name: GUTTERSEN D Number: 04-69HZ
County: WELD
Qtr Qtr: NWNW Section: 4 Township: 3N Range: 64W Meridian: 6
Latitude: 40.261070 Longitude: -104.564330

Flowline Start Point Riser

Latitude: 40.261070 Longitude: -104.564330 PDOP: 4.0 Measurement Date: 06/12/2012
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: 07/19/2012
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462381 Flowline Type: Production Line Action Type: Registration

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

Latitude: 40.261550 Longitude: -104.564200 PDOP: 2.1 Measurement Date: 06/12/2012
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 424329 Location Type: Well Site ☐ No Location ID
Name: GUTTERSEN D Number: 04-69HZ
County: WELD
Qtr Qtr: NWNW Section: 4 Township: 3N Range: 64W Meridian: 6
Latitude: 40.261070 Longitude: -104.564330

Flowline Start Point Riser

Latitude: 40.261070 Longitude -104.564330 PDOP: 2.1 Measurement Date: 06/17/2012

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: 07/19/2002

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments Line is on pad. Accurate coordinates were provided.

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

Signed: _____ Date: 02/13/2019 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: 2/25/2019

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401716634	Form44 Submitted

Total Attach: 1 Files