

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/04/2019

Document Number:

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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: 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: 418280 Location Type: Production Facilities
Name: CANNON H Number: 35-11 TANK
County: WELD
Qtr Qtr: SESW Section: 35 Township: 3N Range: 65W Meridian: 6
Latitude: 40.174960 Longitude: -104.632810

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 458014 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.174980 Longitude: -104.633000 PDOP: Measurement Date: 07/20/2011
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 418282 Location Type: Well Site No Location ID
Name: Cannon H Number: 35-21
County: WELD
Qtr Qtr: NWSE Section: 35 Township: 3N Range: 65W Meridian: 6
Latitude: 40.181240 Longitude: -104.630710

Flowline Start Point Riser

Latitude: 40.181240 Longitude: -104.630710 PDOP: Measurement Date: 07/20/2011
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: 10/13/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 10/10/2018

Description of Abandonment

Purged fluids, abandoned in place, cut risers below ground and plugged both ends.

OPERATOR COMMENTS AND SUBMITTAL

Comments Noble respectfully submits this form to report a flowline that was abandoned 10/10/18.

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

Signed: _____ Date: 06/04/2019 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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files