

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/05/2019

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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 429005 Location Type: Production Facilities
Name: ADAMS D Number: 30-29D
County: WELD
Qtr Qtr: NENW Section: 30 Township: 3N Range: 64W Meridian: 6
Latitude: 40.202992 Longitude: -104.595248

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 463299 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.203330 Longitude: -104.595940 PDOP: Measurement Date: 01/04/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 429005 Location Type: Well Site [ ] No Location ID
Name: ADAMS D Number: 30-29D
County: WELD
Qtr Qtr: NENW Section: 30 Township: 3N Range: 64W Meridian: 6
Latitude: 40.202992 Longitude: -104.595248

Flowline Start Point Riser

Latitude: 40.202992 Longitude: -104.595248 PDOP: Measurement Date: 01/04/2019
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: 09/25/2012  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 01/04/2019

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 463302 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.203330 Longitude: -104.595970 PDOP: \_\_\_\_\_ Measurement Date: 01/04/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 329432 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: HETTINGER-63N64W Number: 30SWNW

County: WELD

Qtr Qtr: SWNW Section: 30 Township: 3N Range: 64W Meridian: 6

Latitude: 40.197415 Longitude: -104.600648

**Flowline Start Point Riser**

Latitude: 40.197415 Longitude: -104.600648 PDOP: \_\_\_\_\_ Measurement Date: 01/04/2019

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: 11/17/1993  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 01/07/2019

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 463301 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.203330 Longitude: -104.595970 PDOP: Measurement Date: 01/04/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 329430 Location Type: Well Site  No Location ID

Name: HETTINGER-63N64W Number: 30NWNW

County: WELD

Qtr Qtr: NWNW Section: 30 Township: 3N Range: 64W Meridian: 6

Latitude: 40.202145 Longitude: -104.600835

**Flowline Start Point Riser**

Latitude: 40.202145 Longitude: -104.600835 PDOP: Measurement Date: 01/04/2019

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: 11/17/1993

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 01/04/2019

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 463300 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.203330 Longitude: -104.596040 PDOP: Measurement Date: 01/04/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 309815 Location Type: Well Site  No Location ID

Name: MCWILLIAMS D-63N64W Number: 30SEnw

County: WELD

Qtr Qtr: SENW Section: 30 Township: 3N Range: 64W Meridian: 6

Latitude: 40.199762 Longitude: -104.594168

**Flowline Start Point Riser**

Latitude: 40.199762 Longitude: -104.594168 PDOP: Measurement Date: 01/04/2019

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: 03/30/2008

Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_

Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 01/07/2019

**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 flowlines that were abandoned.

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

Signed: \_\_\_\_\_ Date: 06/05/2019 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**

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

Total Attach: 0 Files