

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:

06/05/2019

Document Number:

402065630

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: 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

Att Doc Num **Name**

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Total Attach: 0 Files