

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:

06/24/2019

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) 6397441  
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: 327389 Location Type: Production Facilities  
Name: UPRR 53 PAN AM UT/T/-63N65W Number: 25SENW  
County: WELD  
Qtr Qtr: SENW Section: 25 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.199617 Longitude: -104.615717

**FLOWLINE FACILITY INFORMATION**

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

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

Latitude: 40.199345 Longitude: -104.615967 PDOP: Measurement Date: 06/06/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 333179 Location Type: Production Facilities ☐ No Location ID  
Name: HSR-DECHANT-63N65W Number: 25SWNW  
County: WELD  
Qtr Qtr: SWNW Section: 25 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.197531 Longitude: -104.618319

**Flowline Start Point Riser**

Latitude: 40.197531 Longitude: -104.618319 PDOP: Measurement Date: 06/06/2018  
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: 06/11/1994  
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: 40.199200 Longitude: -104.616000 PDOP: \_\_\_\_\_ Measurement Date: 05/09/2017  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 333179 Location Type: \_\_\_\_\_ Well Site ☐ No Location ID  
Name: HSR-DECHANT-63N65W Number: 25SWNW  
County: WELD  
Qtr Qtr: SWNW Section: 25 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.197531 Longitude: -104.618319

**Flowline Start Point Riser**

Latitude: 40.197531 Longitude: -104.618319 PDOP: \_\_\_\_\_ Measurement Date: 05/16/2017  
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: 03/31/1996  
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: 06/24/2019 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>
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Total Attach: 0 Files