

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:

06/26/2019

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: 414890 Location Type: Production Facilities
Name: GUTTERSEN STATE D Number: 16-33
County: WELD
Qtr Qtr: NWSW Section: 16 Township: 3N Range: 64W Meridian: 6
Latitude: 40.222190 Longitude: -104.565520

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457356 Flowline Type: Production Line Action Type: Abandonment

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

Latitude: 40.222580 Longitude: -104.565000 PDOP: Measurement Date: 07/14/2010
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414890 Location Type: Well Site ☐ No Location ID
Name: GUTTERSEN STATE D Number: 16-33
County: WELD
Qtr Qtr: NWSW Section: 16 Township: 3N Range: 64W Meridian: 6
Latitude: 40.222190 Longitude: -104.565520

Flowline Start Point Riser

Latitude: 40.222190 Longitude: -104.565520 PDOP: Measurement Date: 07/14/2010
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: 09/02/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/06/2018

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 457357 Flowline Type: Production Line Action Type: Abandonment

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

Latitude: 40.222580 Longitude: -104.565000 PDOP: _____ Measurement Date: 09/21/2010
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 414890 Location Type: _____ Well Site ☐ No Location ID

Name: GUTTERSEN STATE D Number: 16-33

County: WELD

Qtr Qtr: NWSW Section: 16 Township: 3N Range: 64W Meridian: 6

Latitude: 40.222190 Longitude: -104.565520

Flowline Start Point Riser

Latitude: 40.222190 Longitude: -104.565520 PDOP: _____ Measurement Date: 09/21/2010

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: 09/02/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 09/04/2018

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 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: 06/26/2019 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