

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

06/28/2019

Document Number:

402090794

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: 420221 Location Type: Production Facilities  
Name: DECHANT Number: H36-24 TANK  
County: WELD  
Qtr Qtr: SESW Section: 36 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.177180 Longitude: -104.616890

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.177450 Longitude: -104.617075 PDOP: Measurement Date: 06/19/2019  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 420316 Location Type: Well Site [ ] No Location ID  
Name: DECHANT STATE Number: H36-20D  
County: WELD  
Qtr Qtr: NWSW Section: 36 Township: 3N Range: 65W Meridian: 6  
Latitude: 40.180170 Longitude: -104.620090

Flowline Start Point Riser

Latitude: 40.180170 Longitude: -104.620090 PDOP: Measurement Date: 06/19/2019  
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: 06/18/2011  
 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: 40.177450 Longitude: -104.617005 PDOP: \_\_\_\_\_ Measurement Date: 06/19/2019  
 Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 420219 Location Type: \_\_\_\_\_ Well Site  No Location ID  
 Name: DECHANT STATE Number: H36-11  
 County: WELD  
 Qtr Qtr: NESW Section: 36 Township: 3N Range: 65W Meridian: 6  
 Latitude: 40.179680 Longitude: -104.614830

**Flowline Start Point Riser**

Latitude: 40.179680 Longitude: -104.614830 PDOP: \_\_\_\_\_ Measurement Date: 06/19/2019  
 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: 06/16/2011  
 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: 40.177450 Longitude: -104.617075 PDOP: \_\_\_\_\_ Measurement Date: 06/19/2019  
 Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 317694 Location Type: \_\_\_\_\_ Well Site  No Location ID  
 Name: DECHANT Number: H36-24  
 County: WELD  
 Qtr Qtr: NESW Section: 36 Township: 3N Range: 65W Meridian: 6  
 Latitude: 40.177870 Longitude: -104.617010

**Flowline Start Point Riser**

Latitude: 40.177870 Longitude -104.617010 PDOP: \_\_\_\_\_ Measurement Date: 06/19/2019

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: 06/20/2012

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: 40.177450 Longitude: -104.617075 PDOP: \_\_\_\_\_ Measurement Date: 06/19/2019

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 248285 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: SPIKE STATE GWS Number: H 36-13

County: WELD

Qtr Qtr: SWSW Section: 36 Township: 3N Range: 65W Meridian: 6

Latitude: 40.175670 Longitude: -104.619970

**Flowline Start Point Riser**

Latitude: 40.175670 Longitude -104.619970 PDOP: \_\_\_\_\_ Measurement Date: 06/19/2019

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: 05/04/1993

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

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

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

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

Signed: \_\_\_\_\_ Date: 06/28/2019 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files