

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:

07/02/2019

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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: 302546 Location Type: Production Facilities
Name: THISTLE DOWN B Number: 31-31D
County: WELD
Qtr Qtr: NWNW Section: 31 Township: 5N Range: 64W Meridian: 6
Latitude: 40.361460 Longitude: -104.601220

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465408 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.361890 Longitude: -104.601565 PDOP: Measurement Date: 05/31/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326823 Location Type: Well Site No Location ID
Name: GEMINI-UPRR-65N64W Number: 31SWNW
County: WELD
Qtr Qtr: SWNW Section: 31 Township: 5N Range: 64W Meridian: 6
Latitude: 40.357510 Longitude: -104.599680

Flowline Start Point Riser

Latitude: 40.357510 Longitude: -104.599680 PDOP: Measurement Date: 05/31/2019
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: 01/12/1988
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 05/31/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465406 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.361880 Longitude: -104.601566 PDOP: _____ Measurement Date: 05/30/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302546 Location Type: _____ Well Site No Location ID

Name: THISTLE DOWN B Number: 31-31D

County: WELD

Qtr Qtr: NWNW Section: 31 Township: 5N Range: 64W Meridian: 6

Latitude: 40.361460 Longitude: -104.601220

Flowline Start Point Riser

Latitude: 40.361460 Longitude: -104.601220 PDOP: _____ Measurement Date: 05/30/2019

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: 03/20/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 05/30/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465405 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.361890 Longitude: -104.601565 PDOP: Measurement Date: 05/31/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326821 Location Type: Well Site No Location ID

Name: GEMINI B-65N64W Number: 31NENW

County: WELD

Qtr Qtr: NENW Section: 31 Township: 5N Range: 64W Meridian: 6

Latitude: 40.361150 Longitude: -104.594860

Flowline Start Point Riser

Latitude: 40.361150 Longitude: -104.594860 PDOP: Measurement Date: 05/31/2019

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: 01/12/1988

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

OFF LOCATION FLOWLINE ABANDONMENT

Date: 05/31/2019

Description of Abandonment

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

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465407 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.361890 Longitude: -104.601564 PDOP: Measurement Date: 05/30/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 326824 Location Type: Well Site No Location ID

Name: GEMINI - UPRR-65N64W Number: 31SEW

County: WELD

Qtr Qtr: SENW Section: 31 Township: 5N Range: 64W Meridian: 6

Latitude: 40.357470 Longitude: -104.594940

Flowline Start Point Riser

Latitude: 40.357470 Longitude: -104.594940 PDOP: Measurement Date: 05/30/2019

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: 01/24/1988

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 05/30/2019

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: 07/02/2019 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