

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/02/2019

Document Number:

402094355

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: 306637 Location Type: Production Facilities
Name: WELLS RANCH-USX AA-66N63W Number: 15NENE
County: WELD
Qtr Qtr: NENE Section: 15 Township: 6N Range: 63W Meridian: 6
Latitude: 40.490520 Longitude: -104.417790

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462540 Flowline Type: Production Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.490530 Longitude: -104.418000 PDOP: Measurement Date: 09/18/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 309707 Location Type: Well Site [ ] No Location ID
Name: WELLS RANCH-USX AA-66N63W Number: 15SWNE
County: WELD
Qtr Qtr: SWNE Section: 15 Township: 6N Range: 63W Meridian: 6
Latitude: 40.488500 Longitude: -104.420540

Flowline Start Point Riser

Latitude: 40.488500 Longitude: -104.420540 PDOP: Measurement Date: 09/18/2018
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: 07/15/2007  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 09/18/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 462541 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.490530 Longitude: -104.418000 PDOP: \_\_\_\_\_ Measurement Date: 09/18/2018

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 310803 Location Type: \_\_\_\_\_ Well Site  No Location ID

Name: WELLS RANCH USX AA-66N63W Number: 15NWNE

County: WELD

Qtr Qtr: NWNE Section: 15 Township: 6N Range: 63W Meridian: 6

Latitude: 40.492032 Longitude: -104.420493

**Flowline Start Point Riser**

Latitude: 40.492032 Longitude: -104.420493 PDOP: \_\_\_\_\_ Measurement Date: 11/08/2009

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: 10/20/2008  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 09/18/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 462539 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.490420 Longitude: -104.418227 PDOP: Measurement Date: 09/18/2018

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 306637 Location Type: Well Site  No Location ID

Name: WELLS RANCH-USX AA-66N63W Number: 15NENE

County: WELD

Qtr Qtr: NENE Section: 15 Township: 6N Range: 63W Meridian: 6

Latitude: 40.490520 Longitude: -104.417790

**Flowline Start Point Riser**

Latitude: 40.490520 Longitude: -104.417790 PDOP: Measurement Date: 09/18/2018

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: 05/25/2007

Maximum Anticipated Operating Pressure (PSI): Testing PSI:

Test Date:

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 09/18/2018

**Description of Abandonment**

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

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 462538 Flowline Type: Production Line Action Type: Abandonment

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 40.490530 Longitude: -104.418000 PDOP: Measurement Date: 09/18/2018

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 310805 Location Type: Well Site  No Location ID

Name: WELLS RANCH USX AA-66N63W Number: 15SENE

County: WELD

Qtr Qtr: SENE Section: 15 Township: 6N Range: 63W Meridian: 6

Latitude: 40.488430 Longitude: -104.415854

**Flowline Start Point Riser**

Latitude: 40.488430 Longitude: -104.415854 PDOP: Measurement Date: 09/18/2018

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: 10/20/2008

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

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

**OFF LOCATION FLOWLINE ABANDONMENT**

Date: 09/18/2018

**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: 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: 7/3/2019

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
402094355	Form44 Submitted

Total Attach: 1 Files