

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:

05/06/2019

Document Number:

402033618

## 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: 465071 Location Type: Production Facilities  
Name: PATRIOT B-65N64W Number: 16SESE  
County: WELD  
Qtr Qtr: SESE Section: 16 Township: 5N Range: 64W Meridian: 6  
Latitude: 40.395658 Longitude: -104.550191

## FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465860 Flowline Type: Production Line Action Type: Registration

## OFF LOCATION FLOWLINE REGISTRATION

## Flowline End Point Riser

Latitude: 40.395870 Longitude: -104.550605 PDOP: Measurement Date: 04/15/2019  
Equipment at End Point Riser: Separator

## Flowline Start Point Location Identification

Location ID: 327615 Location Type: Well Site ☐ No Location ID  
Name: PATRIOT-65N64W Number: 16NWSE  
County: WELD  
Qtr Qtr: NWSE Section: 16 Township: 5N Range: 64W Meridian: 6  
Latitude: 40.397536 Longitude: -104.552004

## Flowline Start Point Riser

Latitude: 40.397563 Longitude: -104.552004 PDOP: Measurement Date: 04/15/2019  
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: 04/19/1991  
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: 05/06/2019 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: 7/4/2019

**Attachment Check List****Att Doc Num****Name**

402033618	Form44 Submitted
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Total Attach: 1 Files