

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/25/2019

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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: 331576 Location Type: Production Facilities
Name: NHF-65N63W Number: 9NENW
County: WELD
Qtr Qtr: NENW Section: 9 Township: 5N Range: 63W Meridian: 6
Latitude: 40.419526 Longitude: -104.444172

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466269 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.420163 Longitude: -104.444190 PDOP: Measurement Date: 11/16/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 302882 Location Type: Well Site No Location ID
Name: 70 RANCH-65N63W Number: 9SENEW
County: WELD
Qtr Qtr: SENW Section: 9 Township: 5N Range: 63W Meridian: 6
Latitude: 40.416175 Longitude: -104.444101

Flowline Start Point Riser

Latitude: 40.416175 Longitude: -104.444101 PDOP: Measurement Date: 11/16/2018
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: 10/10/2006
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: 07/25/2019 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: 7/26/2019

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files