

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:

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: 9SENV  
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