

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/25/2019

Document Number:

401858663

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) 6397441
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: 423663 Location Type: Production Facilities
Name: GUTTERSEN D Number: 25-18 TANK
County: WELD
Qtr Qtr: NWNE Section: 25 Township: 3N Range: 64W Meridian: 6
Latitude: 40.201520 Longitude: -104.497780

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466449 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.201440 Longitude: -104.497780 PDOP: Measurement Date: 05/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328640 Location Type: Well Site No Location ID
Name: KARCH BLUE-63N64W Number: 25SWNE
County: WELD
Qtr Qtr: SWNE Section: 25 Township: 3N Range: 64W Meridian: 6
Latitude: 40.198230 Longitude: -104.497330

Flowline Start Point Riser

Latitude: 40.198230 Longitude: -104.497330 PDOP: Measurement Date: 05/11/2017
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: 11/04/1992
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466450 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.201520 Longitude: -104.497780 PDOP: _____ Measurement Date: 08/24/2011
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 423661 Location Type: _____ Well Site No Location ID
Name: GUTTERSEN D Number: 25-17
County: WELD
Qtr Qtr: NWNE Section: 25 Township: 3N Range: 64W Meridian: 6
Latitude: 40.200080 Longitude: -104.495340

Flowline Start Point Riser

Latitude: 40.200080 Longitude: -104.495340 PDOP: _____ Measurement Date: 08/24/2011
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: 10/06/2011
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466451 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.201420 Longitude: -104.497780 PDOP: _____ Measurement Date: 05/11/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 328602 Location Type: _____ Well Site No Location ID
Name: KARCH BLUE-63N64W Number: 25SENE
County: WELD
Qtr Qtr: SENE Section: 25 Township: 3N Range: 64W Meridian: 6
Latitude: 40.198380 Longitude: -104.492630

Flowline Start Point Riser

Latitude: 40.198380 Longitude -104.492630 PDOP: _____ Measurement Date: 05/11/2017

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: 11/04/1992

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.
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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: 8/7/2019

Attachment Check List

Att Doc Num	Name
401858663	Form44 Submitted

Total Attach: 1 Files