

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:

10/04/2018

Document Number:

401771710

## 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: 96340 Contact Person: Linda Boone  
Company Name: WIEPKING-FULLERTON ENERGY LLC Phone: (720) 941-0791  
Address: 96 GLENMOOR LN Email: ldboonepar@aol.com  
City: ENGLEWOOD State: CO Zip: 80113  
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: Location Type: Production Facilities  
Name: Albatross-State Number: 1  
County: LINCOLN  
Qtr Qtr: SWSW Section: 36 Township: 9S Range: 56W Meridian: 6  
Latitude: 39.215200 Longitude: -103.610200

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: Flowline Type: Wellhead Line Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 39.215200 Longitude: -103.610200 PDOP: 4.4 Measurement Date: 05/26/2017  
Equipment at End Point Riser: Heater Treater

**Flowline Start Point Location Identification**

Location ID: 434033 Location Type: Well Site ☐ No Location ID  
Name: Albatross-State Number: 1  
County: LINCOLN  
Qtr Qtr: SWSW Section: 36 Township: 9S Range: 56W Meridian: 6  
Latitude: 39.216950 Longitude: -103.619230

**Flowline Start Point Riser**

Latitude: 39.216950 Longitude: -103.619230 PDOP: 2.8 Measurement Date: 12/11/2013  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000  
Bedding Material: Native Materials Date Construction Completed: 03/17/2014  
Maximum Anticipated Operating Pressure (PSI): 40 Testing PSI: 115  
Test Date: 08/23/2016

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Peripheral Piping Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION****Flowline End Point Riser**

Latitude: 39.216950 Longitude: -103.619230 PDOP: 2.8 Measurement Date: 12/11/2013  
Equipment at End Point Riser: Well

**Flowline Start Point Location Identification**

Location ID: \_\_\_\_\_ Location Type: Production Facilities ☒ No Location ID  
Name: Albatross-State Number: 1  
County: LINCOLN  
Qtr Qtr: SWSW Section: 36 Township: 9S Range: 56W Meridian: 6  
Latitude: 39.215200 Longitude: -103.610200

**Flowline Start Point Riser**

Latitude: 39.215200 Longitude: -103.610200 PDOP: 4.4 Measurement Date: 05/26/2017  
Equipment at Start Point Riser: Heater Treater

**Flowline Description and Testing**

Type of Fluid Transferred: Natural Gas Pipe Material: PVC Max Outer Diameter:(Inches) 1.250  
Bedding Material: Native Materials Date Construction Completed: 03/17/2014  
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 40  
Test Date: 08/23/2016

**OPERATOR COMMENTS AND SUBMITTAL**

Comments Estimated line construction date is March 17, 2014. The tank battery lat/long data was measured by GOLD, LLC on or about May 26, 2017 as part of the flowline NTO compliance. This form is being submitted with the operator's best available information.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 10/04/2018 Email: ldboonepar@aol.com

Print Name: Linda Boone Title: Agent

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: \_\_\_\_\_

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
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401771729	LAYOUT DRAWING-ACTUAL
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401785035	TOPO MAP
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Total Attach: 2 Files