

State of Colorado  
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/22/2019

Document Number:

402116289

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) 271-8605  
Address: 106 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 [X] No [ ]

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 417651 Location Type: Production Facilities  
Name: ALOHA MULA Number: 10  
County: LINCOLN  
Qtr Qtr: SENE Section: 19 Township: 10S Range: 55W Meridian: 6  
Latitude: 39.165920 Longitude: -103.586980

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.165920 Longitude: -103.586970 PDOP: 2.3 Measurement Date: 10/01/2010  
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 414252 Location Type: Well Site [ ] No Location ID  
Name: Aloha Mula Number: 9  
County: LINCOLN  
Qtr Qtr: NESE Section: 19 Township: 10S Range: 55W Meridian: 6  
Latitude: 39.162640 Longitude: -103.589170

Flowline Start Point Riser

Latitude: 39.162640 Longitude: -103.589170 PDOP: 2.3 Measurement Date: 08/06/2010  
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: 07/01/2010  
Maximum Anticipated Operating Pressure (PSI): 60 Testing PSI: 125  
Test Date: 08/11/2016

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 39.165920 Longitude: -103.586970 PDOP: 2.3 Measurement Date: 10/01/2010  
Equipment at End Point Riser: Heater Treater

**Flowline Start Point Location Identification**

Location ID: 418142 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: ALOHA MULA Number: 12  
County: LINCOLN  
Qtr Qtr: SESE Section: 19 Township: 10S Range: 55W Meridian: 6  
Latitude: 39.159610 Longitude: -103.587000

**Flowline Start Point Riser**

Latitude: 39.159610 Longitude -103.587000 PDOP: 2.7 Measurement Date: 10/01/2010  
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: 10/21/2010  
Maximum Anticipated Operating Pressure (PSI): 60 Testing PSI: 100  
Test Date: 08/11/2016

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 39.165920 Longitude: -103.586970 PDOP: 2.3 Measurement Date: 10/01/2010  
Equipment at End Point Riser: Heater Treater

**Flowline Start Point Location Identification**

Location ID: 417647 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: ALOHA MULA Number: 11  
County: LINCOLN  
Qtr Qtr: NENE Section: 19 Township: 10S Range: 55W Meridian: 6  
Latitude: 39.169550 Longitude: -103.586930

**Flowline Start Point Riser**

Latitude: 39.169550 Longitude -103.586930 PDOP: 2.5 Measurement Date: 02/15/2011

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: 02/01/2011  
Maximum Anticipated Operating Pressure (PSI): 60 Testing PSI: 110  
Test Date: 08/11/2016

**FLOWLINE FACILITY INFORMATION**

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

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 39.165920 Longitude: -103.586970 PDOP: 2.3 Measurement Date: 10/01/2010  
Equipment at End Point Riser: Manifold

**Flowline Start Point Location Identification**

Location ID: 414252 Location Type: Well Site  No Location ID  
Name: Aloha Mula Number: 9  
County: LINCOLN  
Qtr Qtr: NESE Section: 19 Township: 10S Range: 55W Meridian: 6  
Latitude: 39.162640 Longitude: -103.589170

**Flowline Start Point Riser**

Latitude: 39.162640 Longitude -103.589170 PDOP: 2.3 Measurement Date: 08/06/2010  
Equipment at Start Point Riser: Well

**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: 07/01/2010  
Maximum Anticipated Operating Pressure (PSI): 40 Testing PSI: 40  
Test Date: 08/11/2016

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

This Form 44 is the registration for the flowlines that connect the Aloha Mula 9, 11 and 12 to the Aloha Mula 10 Tank Battery and the fuel gas line for the Aloha Mula 9. The Aloha Mula 10 well is on-location with the tank battery. Original construction dates have been estimated based on accounting records. The Aloha Mula 11 and 12 flowline trenches include fuel gas lines that have not been in service since 2014 when the wells were converted to electric motors. The Aloha Mula 9 well was converted to an electric motor in July 2019. A Form 44 Abandonment report will be submitted for the Aloha Mula 9 fuel gas line after this registration has been approved.

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

Signed: \_\_\_\_\_ Date: 07/22/2019 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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
402116294	FLOWLINE LAYOUT DRAWING
402116296	TOPO MAP

Total Attach: 2 Files