

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 10/30/2019 Document Number: 402193300

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: 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: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

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

Flowline Start Point Location Identification

Location ID: 421328 Location Type: Manifold [] No Location ID Name: GREAT PLAINS FIELD GAS PLANT Number: County: LINCOLN Qtr Qtr: SESW Section: 19 Township: 10S Range: 55W Meridian: 6 Latitude: 39.158240 Longitude: -103.596430

Flowline Start Point Riser

Latitude: 39.158240 Longitude: -103.596430 PDOP: Measurement Date: 06/20/2018 Equipment at Start Point Riser: Manifold

Flowline Description and Testing

Type of Fluid Transferred: Other Pipe Material: POLY Max Outer Diameter:(Inches) 3.000
Bedding Material: Native Materials Date Construction Completed: 06/01/2010
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 25
Test Date: _____

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: _____ Measurement Date: 10/02/2010
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 421328 Location Type: Manifold No Location ID
Name: GREAT PLAINS FIELD GAS PLANT Number: _____
County: LINCOLN
Qtr Qtr: SESW Section: 19 Township: 10S Range: 55W Meridian: 6
Latitude: 39.158240 Longitude: -103.596430

Flowline Start Point Riser

Latitude: 39.158240 Longitude -103.596430 PDOP: _____ Measurement Date: 06/20/2018
Equipment at Start Point Riser: Manifold

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: 06/01/2010
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466210 Flowline Type: Wellhead Line Action Type: _____

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: 417649 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: 39.169540 Longitude: -103.586960

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

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466208 Flowline Type: Wellhead Line Action Type: _____

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: 414253 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: -103.589210

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

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 466209 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**Latitude: 39.165920 Longitude: -103.586970 PDOP: 2.3 Measurement Date: 10/01/2010Equipment at End Point Riser: Heater Treater**Flowline Start Point Location Identification**Location ID: 418134 Location Type: Well Site No Location IDName: ALOHA MULA Number: 12County: LINCOLNQtr Qtr: SESE Section: 19 Township: 10S Range: 55W Meridian: 6Latitude: 39.159610 Longitude: -103.587010**Flowline Start Point Riser**Latitude: 39.159610 Longitude -103.587000 PDOP: 2.7 Measurement Date: 10/01/2010Equipment at Start Point Riser: Well**Flowline Description and Testing**Type of Fluid Transferred: Multiphase Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.000Bedding Material: Native Materials Date Construction Completed: 10/21/2010Maximum Anticipated Operating Pressure (PSI): 60 Testing PSI: 100Test Date: 08/11/2016**OFF LOCATION FLOWLINE REMOVAL FROM SERVICE**

Date: _____

Description of Removal from Service_____
_____**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: 10/01/2010Equipment at End Point Riser: Manifold**Flowline Start Point Location Identification**Location ID: 414253 Location Type: Well Site No Location IDName: ALOHA MULA Number: 9County: LINCOLNQtr Qtr: NESE Section: 19 Township: 10S Range: 55W Meridian: 6Latitude: 39.162640 Longitude: -103.589210**Flowline Start Point Riser**Latitude: 39.162640 Longitude -103.589170 PDOP: 2.3 Measurement Date: 08/06/2010Equipment 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

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| The purpose of the registration is to add the wet gas and dry gas lines which exist between the Aloha Mula tank battery and the Aloha Mula Gas Plant. The fuel gas line for the Aloha Mula 9 has also been included in the registration. All construction dates are estimated. |
|---|

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

Signed: _____ Date: 10/30/2019 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

| Att Doc Num | Name |
|--------------------|-------------|
| | |

Total Attach: 0 Files