

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: 07/06/2020 Document Number: 402437999

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610

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 (CO811) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 462004 Location Type: Production Facilities Name: Nemesis Number: 2 County: LINCOLN Qtr Qtr: Lot 4 Section: 1 Township: 10S Range: 56W Meridian: 6 Latitude: 39.214860 Longitude: -103.609750

Description of Corrosion Protection Description of Integrity Management Program Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462557 Flowline Type: Peripheral Piping Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 433780 Location Type: Well Site [] Name: Nemesis Number: 2 County: LINCOLN No Location ID Qtr Qtr: Lot 4 Section: 1 Township: 10S Range: 56W Meridian: 6

Latitude: 39.213440 Longitude: -103.619400

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: 01/24/2014
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 40
Test Date: 08/23/2016

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462556 Flowline Type: Production Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 433780 Location Type: Well Site
Name: Nemesis Number: 2
County: LINCOLN No Location ID
Qtr Qtr: Lot 4 Section: 1 Township: 10S Range: 56W Meridian: 6
Latitude: 39.213440 Longitude: -103.619400

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: 01/24/2014
Maximum Anticipated Operating Pressure (PSI): 35 Testing PSI: 115
Test Date: 08/22/2016

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462555 Flowline Type: Peripheral Piping Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

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

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: 03/17/2014
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 40
Test Date: 08/23/2016

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462554 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

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

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

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

OPERATOR COMMENTS AND SUBMITTAL

Comments The purpose of this registration is to add the GIS files which are required to be submitted by December 1, 2020.

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

Signed: _____ Date: 07/06/2020 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
402438005	OFF-LOCATION FLOWLINE GEODATABASE SHP
402438007	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 2 Files