

**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 and 906.

**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 ☒ 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: 7/14/2020

## Conditions of Approval

**COA Type**

**Description**

## Attachment Check List

**Att Doc Num**

**Name**

402437999	Form44 Submitted
402438005	OFF-LOCATION FLOWLINE GEODATABASE SHP
402438007	OFF-LOCATION FLOWLINE GEODATABASE SHP

Total Attach: 3 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

