

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

07/10/2019

Document Number:

402102656

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: 420565 Location Type: Production Facilities
Name: Mahalo Number: 1
County: LINCOLN
Qtr Qtr: NWNW Section: 29 Township: 10S Range: 55W Meridian: 6
Latitude: 39.155060 Longitude: -103.582340

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465632 Flowline Type: Peripheral Piping Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.155060 Longitude: -103.582340 PDOP: 2.9 Measurement Date: 05/05/2011
Equipment at End Point Riser: Manifold

Flowline Start Point Location Identification

Location ID: 427915 Location Type: Well Site [] No Location ID
Name: Mahalo Number: 7
County: LINCOLN
Qtr Qtr: SENW Section: 29 Township: 10S Range: 55W Meridian: 6
Latitude: 39.151460 Longitude: -103.577730

Flowline Start Point Riser

Latitude: 39.151460 Longitude: -103.577730 PDOP: 2.6 Measurement Date: 09/10/2012
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: withPVC Max Outer Diameter:(Inches) 1.250
Bedding Material: Native Materials Date Construction Completed: 07/28/2012
Maximum Anticipated Operating Pressure (PSI): 40 Testing PSI: 40
Test Date: 08/24/2016

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/18/2019

Description of Abandonment

Dug up, cut off and capped at both ends.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465633 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.155060 Longitude: -103.582340 PDOP: 2.9 Measurement Date: 05/05/2011

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 423645 Location Type: Well Site No Location ID

Name: Mahalo Number: 3

County: LINCOLN

Qtr Qtr: NWNE Section: 29 Township: 10S Range: 55W Meridian: 6

Latitude: 39.155130 Longitude: -103.572980

Flowline Start Point Riser

Latitude: 39.155130 Longitude: -103.572980 PDOP: 2.6 Measurement Date: 09/10/2012

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: 10/15/2012
Maximum Anticipated Operating Pressure (PSI): 110 Testing PSI: 125
Test Date: 08/24/2016

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date:

Description of Removal from Service

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465631 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.155060 Longitude: -103.582340 PDOP: 2.9 Measurement Date: 05/05/2011

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 427915 Location Type: Well Site No Location ID
Name: Mahalo Number: 7
County: LINCOLN
Qtr Qtr: SENW Section: 29 Township: 10S Range: 55W Meridian: 6
Latitude: 39.151460 Longitude: -103.577730

Flowline Start Point Riser

Latitude: 39.151460 Longitude: -103.577730 PDOP: 2.6 Measurement Date: 09/10/2012
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: 07/28/2012
Maximum Anticipated Operating Pressure (PSI): 115 Testing PSI: 115
Test Date: 08/24/2016

OFF LOCATION FLOWLINE ABANDONMENT

Date: 06/19/2019

Description of Abandonment

Pumped 70 bbls clean water down the flowline. Dig down to 90 degree elbow between 3'-4' below ground, cut and cap at wellhead. At treater building, the flowline was disconnected from the header and capped.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 465630 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.155060 Longitude: -103.582340 PDOP: 2.9 Measurement Date: 05/05/2011
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 420576 Location Type: Well Site No Location ID
Name: Mahalo Number: 2
County: LINCOLN
Qtr Qtr: NENW Section: 29 Township: 10S Range: 55W Meridian: 6
Latitude: 39.155090 Longitude: -103.577690

Flowline Start Point Riser

Latitude: 39.155090 Longitude: -103.577690 PDOP: 2.8 Measurement Date: 07/22/2011
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: 08/01/2011

Maximum Anticipated Operating Pressure (PSI): 95

Testing PSI: 100

Test Date: 08/24/2016

OFF LOCATION FLOWLINE REMOVAL FROM SERVICE

Date: _____

Description of Removal from Service

OPERATOR COMMENTS AND SUBMITTAL

Comments

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

Signed: _____ Date: 07/10/2019 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: 7/11/2019

Attachment Check List

Att Doc Num	Name
402102656	Form44 Submitted

Total Attach: 1 Files