Form 3160-15
(October 2003)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MEASUREMENT RECORD – GAS

IID _____ Date _____

Well/Facility ID _____

Location: ¼ ¼ _____ S_____ T_____ R _____ County & State _____

Operator _____ Purchaser/Processor _____

Inspector _____ Office _____

GENERAL METER INFORMATION (Orifice, or differential meter)

Method of Measurement: _____

Meter Station No.: _____ Specific gravity: _____

Atmospheric Pressure_____ or Elevation _____

PRIMARY METER INFORMATION

Meter Manufacturer: _____ Meter Serial No.: _____

ID of meter run: _____ Device size: _____ Beta ratio: _____

Does the meter have a temperature recorder? Yes _____ No _____

Length of pipe upstream: _____ , downstream _____ of device

Required pipe upstream: _____ , downstream _____of device

Figure from AGA No. 3 used to determine pipe length: 4 ____ 5 ____ 6 ____ 7 ____ 8 ____

Does the meter have straightening vanes? Yes ____ No ____

Type of taps: Flange ____ Pipe ___ Static pressure tap: Upstream _____ Downstream _____

Type of plate holder: Flange ___Simplex ___Junior _____Senior _____

SECONDARY ELEMENT INFORMATION

DRY FLOW

Type of Chart: _____

Is DP pen recording in the outer 2/3 of chart?_____

Is SP pen recording in the outer 2/3 of chart? _____

EFM

Self Contained ____ Component ___

Manufacturer _____

Model _____

S/N _____

URL DP _____ URL SP_____

Static range: _____ Differential range: _____ Temp range: _____

Recorder Readings:

DP _____ SP_____psig/psia T_____ Flowrate_____scf/hr | mcf/day

RECORDER CALIBRATION INFORMATION

19. Calibration frequency: _____ Witnessed? Yes ___ No ___Reports attached: Calibration report ___ EFC Event log ___
20. Was a leak test performed? Yes ___ No ___
21. Was the differential pen arc checked? Yes ___ No ___
22. Was the differential linearity check at 0, 100% and 1 point within the normal range of the differential recording? Yes ___ No ___
23. Was the static linearity check at 0, 100% and 1 point within the normal range of the static recording? Yes ___ No ___
24. Was the static time lag check? Yes ___ No ___ N/A ___
25. Was meter calibration performed as per the requirements of 00 No. 5? Yes ___ No ___
26. Does the calibration report contain all of the information required by 00 No. 5? Yes ___ No ___
27. Date of the last meter calibration: _____

Remarks: _____

_____

_____

NOTE: This form is not necessary if all of the gas produced is either used on site or flared/vented.

Sketch of the meter facility and associated piping. (Optional)