

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? _____
Static range: _____ Differential range: _____

EFM

Self Contained _____ Component _____
Manufacturer _____
Model _____
S/N _____
URL DP _____ URL SP _____
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)