

State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/27/2019

Document Number:

402056209

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: 74165 Contact Person: Edward Ingve
Company Name: RENEGADE OIL & GAS COMPANY LLC Phone: (303) 829-2354
Address: 6155 S MAIN STREET #210 Email: ed@renegadeoilandgas.com
City: AURORA State: CO Zip: 80016
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: 418152 Location Type: Production Facilities
Name: BIRD-STATE Number: 32-1
County: ARAPAHOE
Qtr Qtr: NENE Section: 32 Township: 5S Range: 64W Meridian: 6
Latitude: 39.578470 Longitude: -104.569450

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.578740 Longitude: -104.569148 PDOP: Measurement Date: 05/28/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 423728 Location Type: Well Site [] No Location ID
Name: BIRD STATE Number: 32-8
County: ARAPAHOE
Qtr Qtr: SENE Section: 32 Township: 5S Range: 64W Meridian: 6
Latitude: 39.574300 Longitude: -104.569680

Flowline Start Point Riser

Latitude: 39.574308 Longitude: -104.569608 PDOP: Measurement Date: 05/28/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.875
Bedding Material: Native Materials Date Construction Completed: 01/02/2012
Maximum Anticipated Operating Pressure (PSI): 35 Testing PSI: 83
Test Date: 07/17/2018

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.578740 Longitude: -104.569148 PDOP: _____ Measurement Date: 07/17/2018
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 423728 Location Type: _____ Well Site No Location ID
Name: BIRD STATE Number: 32-8
County: ARAPAHOE
Qtr Qtr: SENE Section: 32 Township: 5S Range: 64W Meridian: 6
Latitude: 39.574300 Longitude: -104.569680

Flowline Start Point Riser

Latitude: 39.574308 Longitude -104.569608 PDOP: _____ Measurement Date: 07/17/2018
Equipment at Start Point Riser: Heater Treater

Flowline Description and Testing

Type of Fluid Transferred: Natural Gas Pipe Material: HDPE Max Outer Diameter:(Inches) 1.310
Bedding Material: Native Materials Date Construction Completed: 01/02/2012
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 25
Test Date: 07/17/2018

OPERATOR COMMENTS AND SUBMITTAL

Comments

Initial flowline registration and pressure test for the Bird State 32-8. Well is currently SI as a result of the Anadarko Third Creek Gathering System shut down. Prospects for returning the Bird State 32-8 back to production is unknown at this time. The Bird State 32-1's facility/location ID number has been used as the combined tank battery flowline endpoint location identification ID for Form 44 purposes per discussion with Ellice Whittington of the COGCC staff. The Bird State 32-1 is an onsite well located at the Bird State tank battery. No facility/location ID number has been assigned to the Bird State combined tank battery.
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 06/27/2019 Email: ed@renegadeoilandgas.com
Print Name: Edward Ingve Title: Manager/Owner

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
402076534	PRESSURE TEST
402076536	PRESSURE TEST
402076538	AERIAL PHOTO

Total Attach: 3 Files