

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:

07/17/2019

Document Number:

402090515

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: 320177 Location Type: Production Facilities
Name: WALKER ANN-62S62W Number: 29NWSW
County: ADAMS
Qtr Qtr: NWSW Section: 29 Township: 2S Range: 62W Meridian: 6
Latitude: 39.845313 Longitude: -104.355384

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.849703 Longitude: -104.354128 PDOP: Measurement Date: 06/21/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320177 Location Type: Well Site [ ] No Location ID
Name: WALKER ANN-62S62W Number: 29NWSW
County: ADAMS
Qtr Qtr: NWSW Section: 29 Township: 2S Range: 62W Meridian: 6
Latitude: 39.845313 Longitude: -104.355384

Flowline Start Point Riser

Latitude: 39.845233 Longitude: -104.355367 PDOP: Measurement Date: 08/06/2018
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.387  
Bedding Material: Native Materials Date Construction Completed: 11/01/1983  
Maximum Anticipated Operating Pressure (PSI): 30 Testing PSI: 91  
Test Date: 06/14/2019

**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: \_\_\_\_\_ Flowline Type: Peripheral Piping Action Type: Registration

**OFF LOCATION FLOWLINE REGISTRATION**

**Flowline End Point Riser**

Latitude: 39.849703 Longitude: -104.354128 PDOP: \_\_\_\_\_ Measurement Date: 08/06/2018  
Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 320177 Location Type: \_\_\_\_\_ Well Site  No Location ID  
Name: WALKER ANN-62S62W Number: 29NWSW  
County: ADAMS  
Qtr Qtr: NWSW Section: 29 Township: 2S Range: 62W Meridian: 6  
Latitude: 39.845313 Longitude: -104.355384

**Flowline Start Point Riser**

Latitude: 39.845233 Longitude -104.355367 PDOP: \_\_\_\_\_ Measurement Date: 08/06/2018  
Equipment at Start Point Riser: Well

**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: 11/01/1983  
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 29  
Test Date: 06/14/2019

**OPERATOR COMMENTS AND SUBMITTAL**

Comments 

Initial flowline registration and pressure test for the #2 Walker. Well is currently producing with gas being combusted due to the Anadarko Third Creek Gathering System shut down. Prospects for gas sales are unknown at this time. No facility/location ID number has been issued for the #2 Walker's tank battery.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
Signed: \_\_\_\_\_ Date: 07/17/2019 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**

<b>Att Doc Num</b>	<b>Name</b>
402110319	PRESSURE TEST
402110322	PRESSURE TEST
402112067	AERIAL PHOTO

Total Attach: 3 Files