

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:

08/11/2019

Document Number:

402140327

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: 320663 Location Type: Production Facilities
Name: PAR-STATE-65S64W Number: 28NESW
County: ARAPAHOE
Qtr Qtr: NESW Section: 28 Township: 5S Range: 64W Meridian: 6
Latitude: 39.584950 Longitude: -104.560090

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.585775 Longitude: -104.560237 PDOP: Measurement Date: 08/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320663 Location Type: Well Site [] No Location ID
Name: PAR-STATE-65S64W Number: 28NESW
County: ARAPAHOE
Qtr Qtr: NESW Section: 28 Township: 5S Range: 64W Meridian: 6
Latitude: 39.584950 Longitude: -104.560090

Flowline Start Point Riser

Latitude: 39.584965 Longitude: -104.560117 PDOP: Measurement Date: 08/06/2019
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: 03/01/1981
Maximum Anticipated Operating Pressure (PSI): 50 Testing PSI: 88
Test Date: 06/28/2018

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.585775 Longitude: -104.560237 PDOP: _____ Measurement Date: 08/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320663 Location Type: _____ Well Site No Location ID
Name: PAR-STATE-65S64W Number: 28NESW
County: ARAPAHOE
Qtr Qtr: NESW Section: 28 Township: 5S Range: 64W Meridian: 6
Latitude: 39.584950 Longitude: -104.560090

Flowline Start Point Riser

Latitude: 39.584965 Longitude -104.560117 PDOP: _____ Measurement Date: 08/06/2019
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: 03/01/1981
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 28
Test Date: 06/28/2018

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.585775 Longitude: -104.560237 PDOP: _____ Measurement Date: 08/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413721 Location Type: _____ Well Site No Location ID
Name: PAR STATE 28-14 Number: 2
County: ARAPAHOE
Qtr Qtr: SESW Section: 28 Township: 5S Range: 64W Meridian: 6
Latitude: 39.581460 Longitude: -104.559850

Flowline Start Point Riser

Latitude: 39.581457 Longitude -104.559865 PDOP: Measurement Date: 08/06/2019

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: 11/01/2009
Maximum Anticipated Operating Pressure (PSI): 50 Testing PSI: 149
Test Date: 06/28/2018

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.585775 Longitude: -104.560237 PDOP: Measurement Date: 08/06/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 413721 Location Type: Well Site No Location ID
Name: PAR STATE 28-14 Number: 2
County: ARAPAHOE
Qtr Qtr: SESW Section: 28 Township: 5S Range: 64W Meridian: 6
Latitude: 39.581460 Longitude: -104.559850

Flowline Start Point Riser

Latitude: 39.581457 Longitude -104.559865 PDOP: Measurement Date: 08/06/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 1.310
Bedding Material: Native Materials Date Construction Completed: 11/01/2009
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 28
Test Date: 06/28/2018

OPERATOR COMMENTS AND SUBMITTAL

Comments

Initial flowline registration and pressure test for the Par State #1-28 and the #2 Par State 28-14. Wells are currently producing with gas being combusted due to the Anadarko Third Creek Gathering System being shut down. Prospects for gas sales are unknown at this time. No facility/location ID number has been issued for the Par State tank battery. Both wells have engine fuel return lines. The pressure test for these lines were done together due to the construction of the return gas piping.

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

Signed: _____ Date: 08/11/2019 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

<u>Att Doc Num</u>	<u>Name</u>
402140328	PRESSURE TEST
402140329	PRESSURE TEST
402140330	PRESSURE TEST
402140331	AERIAL PHOTO

Total Attach: 4 Files