

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

09/17/2019

Document Number:

402180033

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 ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 319860 Location Type: Production Facilities
Name: SMITH-62S64W Number: 20NWNW
County: ADAMS
Qtr Qtr: NWNW Section: 20 Township: 2S Range: 64W Meridian: 6
Latitude: 39.868112 Longitude: -104.581391

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 39.869831 Longitude: -104.581270 PDOP: Measurement Date: 09/09/2019
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 319860 Location Type: Production Facilities ☐ No Location ID
Name: SMITH-62S64W Number: 20NWNW
County: ADAMS
Qtr Qtr: NWNW Section: 20 Township: 2S Range: 64W Meridian: 6
Latitude: 39.868112 Longitude: -104.581391

Flowline Start Point Riser

Latitude: 39.868541 Longitude: -104.581286 PDOP: Measurement Date: 09/09/2019
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Produced Water Pipe Material: Carbon Steel Max Outer Diameter:(Inches) _____
Bedding Material: Native Materials Date Construction Completed: 03/01/1976
Maximum Anticipated Operating Pressure (PSI): 15 Testing PSI: 46
Test Date: 09/12/2019

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 39.869831 Longitude: -104.581270 PDOP: _____ Measurement Date: 09/09/2019
Equipment at End Point Riser: Tank

Flowline Start Point Location Identification

Location ID: 319860 Location Type: Production Facilities ☐ No Location ID
Name: SMITH-62S64W Number: 20NWNW
County: ADAMS
Qtr Qtr: NWNW Section: 20 Township: 2S Range: 64W Meridian: 6
Latitude: 39.868112 Longitude: -104.581391

Flowline Start Point Riser

Latitude: 39.868541 Longitude: -104.581286 PDOP: _____ Measurement Date: 09/09/2019
Equipment at Start Point Riser: Separator

Flowline Description and Testing

Type of Fluid Transferred: Condensate Pipe Material: Carbon Steel Max Outer Diameter:(Inches) _____
Bedding Material: Native Materials Date Construction Completed: 03/01/1976
Maximum Anticipated Operating Pressure (PSI): 15 Testing PSI: 47
Test Date: 09/12/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments Initial flowline registration and pressure tests for the Smith/Halverson oil and water dump lines. The tanks at this facility are located approximately 500 feet from the separator requiring registration. All wells on this lease are currently SI as a result of the Anadarko Third Creek Gathering System shut down. Prospects for returning the lease back to production is unknown at this time.
No facility/location ID number has been issued for the Smith/Halverson tanks.

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

Signed: _____ Date: 09/17/2019 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

<u>Att Doc Num</u>	<u>Name</u>
402180048	PRESSURE TEST
402180049	PRESSURE TEST
402180051	AERIAL PHOTO
Total Attach: 3 Files	