

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: 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 [X] 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: 467581 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: 467582 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: 9/18/2019

Attachment Check List

Att Doc Num	Name
402180033	Form44 Submitted
402180048	PRESSURE TEST
402180049	PRESSURE TEST
402180051	AERIAL PHOTO

Total Attach: 4 Files