

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:

10/10/2019

Document Number:

402200877

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 #225 Email: ed@renegadeoilandgas.com
City: AURORA State: CO Zip: 80016
Is the Operator a Tier One member of the Utility Notification Center of Colorado (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 474291 Location Type: Production Facilities
Name: UPRR-HABEL 1-35 Tank Battery Number: _____
County: ADAMS
Qtr Qtr: NWNW Section: 35 Township: 2S Range: 62W Meridian: 6
Latitude: 39.837666 Longitude: -104.297002

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474292 Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.837666 Longitude: -104.297002 PDOP: _____ Measurement Date: 10/07/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319728 Location Type: Well Site ☐ No Location ID
Name: UPRR-HABEL-62S62W Number: 35NWNW
County: ADAMS
Qtr Qtr: NWNW Section: 35 Township: 2S Range: 62W Meridian: 6
Latitude: 39.838264 Longitude: -104.299132

Flowline Start Point Riser

Latitude: 39.838530 Longitude: -104.298578 PDOP: _____ Measurement Date: 10/07/2019
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: 10/07/2019
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 54
Test Date: 10/07/2019

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474293 Flowline Type: Wellhead Line Action Type: Registration

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

Latitude: 39.837666 Longitude: -104.297002 PDOP: Measurement Date: 10/07/2019

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319728 Location Type: Well Site ☐ No Location ID

Name: UPRR-HABEL-62S62W Number: 35NWNW

County: ADAMS

Qtr Qtr: NWNW Section: 35 Township: 2S Range: 62W Meridian: 6

Latitude: 39.838264 Longitude: -104.299132

Flowline Start Point Riser

Latitude: 39.838530 Longitude: -104.298578 PDOP: Measurement Date: 10/07/2019

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 3.500
Bedding Material: Native Materials Date Construction Completed: 08/10/1972
Maximum Anticipated Operating Pressure (PSI): 25 Testing PSI: 85
Test Date: 10/07/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments Initial off-location flowline registration and pressure test for the UPRR-Habel #1-35. Well is currently shut in as a result of the Anadarko Third Creek Gathering System shut down. Prospects for returning the Habel #1-35 back to production is unknown at this time.
No location ID number has been issued for the Habel #1-35'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: 10/10/2019 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: 3/26/2020

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402200877	Form44 Submitted
402200878	AERIAL PHOTO
402204859	PRESSURE TEST
402204860	PRESSURE TEST
Total Attach: 4 Files	