

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: 10/12/2019 Document Number: 402200844

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: 322161 Location Type: Production Facilities Name: WHITEHEAD-66S63W Number: 12NENE County: ELBERT Qtr Qtr: NENE Section: 12 Township: 6S Range: 63W Meridian: 6 Latitude: 39.547597 Longitude: -104.388563

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.548032 Longitude: -104.389458 PDOP: Measurement Date: 09/10/2019 Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 322166 Location Type: Well Site [] No Location ID Name: WHITEHEAD-66S63W Number: 12SWNE County: ELBERT Qtr Qtr: SWNE Section: 12 Township: 6S Range: 63W Meridian: 6 Latitude: 39.543987 Longitude: -104.392123

Flowline Start Point Riser

Latitude: 39.544157 Longitude: -104.392325 PDOP: Measurement Date: 09/10/2019 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: 01/15/1981
Maximum Anticipated Operating Pressure (PSI): 15 Testing PSI: 19
Test Date: 10/09/2019

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.548032 Longitude: -104.389458 PDOP: _____ Measurement Date: 09/10/2019
Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 322166 Location Type: _____ Well Site No Location ID
Name: WHITEHEAD-66S63W Number: 12SWNE
County: ELBERT
Qtr Qtr: SWNE Section: 12 Township: 6S Range: 63W Meridian: 6
Latitude: 39.543987 Longitude: -104.392123

Flowline Start Point Riser

Latitude: 39.544157 Longitude -104.392325 PDOP: _____ Measurement Date: 09/10/2019
:
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: 01/15/1981
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: _____
Test Date: 10/04/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments

Initial off-location flowline registration and pressure test for the Whitehead 12-7. A fuel return line from the treater to the well's engine is also included. The lease has had no gas sales for many years as only minimal gas production is present.
The location number of the Whitehead 12-1 (322161) has been used as the off-location end point as the Whitehead 12-1 well and the Whitehead 12-1/12-7 tank battery are located adjacent to each other.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: _____ Date: 10/12/2019 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

Att Doc Num	Name
402200845	AERIAL PHOTO
402207845	PRESSURE TEST
402207846	PRESSURE TEST

Total Attach: 3 Files