

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:

10/12/2019

Document Number:

402207860

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: Location Type: Production Facilities
Name: Thornburg Tank Battery Number:
County: ADAMS
Qtr Qtr: NE NW Section: 24 Township: 3s Range: 63w Meridian: 6
Latitude: 39.780118 Longitude: -104.390256

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 39.780118 Longitude: -104.390256 PDOP: Measurement Date: 10/07/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320014 Location Type: Well Site ☐ No Location ID
Name: THORNBURG-63S63W Number: 24NWNW
County: ADAMS
Qtr Qtr: NWNW Section: 24 Township: 3S Range: 63W Meridian: 6
Latitude: 39.779734 Longitude: -104.393015

Flowline Start Point Riser

Latitude: 39.779784 Longitude: -104.393126 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) _____
Bedding Material: Native Materials Date Construction Completed: 12/01/1980
Maximum Anticipated Operating Pressure (PSI): 25 Testing PSI: 37
Test Date: 10/07/2019

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 39.780118 Longitude: -104.390256 PDOP: _____ Measurement Date: 10/07/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319978 Location Type: _____ Well Site ☐ No Location ID
Name: THORNBURG-63S63W Number: 24NENW
County: ADAMS
Qtr Qtr: NENW Section: 24 Township: 3S Range: 63W Meridian: 6
Latitude: 39.779434 Longitude: -104.388605

Flowline Start Point Riser

Latitude: 39.779504 Longitude: -104.388819 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) _____
Bedding Material: Native Materials Date Construction Completed: 01/01/1980
Maximum Anticipated Operating Pressure (PSI): 25 Testing PSI: 42
Test Date: 10/07/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments Initial off-location flowline registration and pressure test for the Thornburg #1X and Thornburg #1B wells. Wells are currently shut in as a result of the Anadarko Third Creek Gathering System shut down. Prospects for returning the wells to production is unknown at this time.
No location ID number has been issued for the Thornburg's production facility.

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

<u>Att Doc Num</u>	<u>Name</u>
402207861	PRESSURE TEST
402207862	PRESSURE TEST
402207863	AERIAL PHOTO
Total Attach: 3 Files	