

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:

10/13/2019

Document Number:

402207930

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: 320708 Location Type: Production Facilities
Name: MICHELL-64S62W Number: 32SWNE
County: ARAPAHOE
Qtr Qtr: SWNE Section: 32 Township: 4S Range: 62W Meridian: 6
Latitude: 39.660496 Longitude: -104.348292

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 39.660584 Longitude: -104.359654 PDOP: Measurement Date: 10/09/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320708 Location Type: Well Site ☐ No Location ID
Name: MICHELL-64S62W Number: 32SWNE
County: ARAPAHOE
Qtr Qtr: SWNE Section: 32 Township: 4S Range: 62W Meridian: 6
Latitude: 39.660496 Longitude: -104.348292

Flowline Start Point Riser

Latitude: 39.660467 Longitude: -104.348307 PDOP: Measurement Date: 10/09/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Fiberglass Max Outer Diameter:(Inches) 3.500
Bedding Material: Native Materials Date Construction Completed: 02/15/1975
Maximum Anticipated Operating Pressure (PSI): 25 Testing PSI: 36
Test Date: 10/09/2019

FLOWLINE FACILITY INFORMATION

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

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

Latitude: 39.660584 Longitude: -104.359654 PDOP: _____ Measurement Date: 10/09/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320708 Location Type: _____ Well Site ☐ No Location ID
Name: MICHELL-64S62W Number: 32SWNE
County: ARAPAHOE
Qtr Qtr: SWNE Section: 32 Township: 4S Range: 62W Meridian: 6
Latitude: 39.660496 Longitude: -104.348292

Flowline Start Point Riser

Latitude: 39.660467 Longitude -104.348307 PDOP: _____ Measurement Date: 10/09/2019
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: 02/15/1975
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 43
Test Date: 10/09/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments Initial off-location flowline registration and pressure test for the Michell #1 well. Gas sales for this well has been lost as a result of the SI of the Anadarko Third Creek Gathering System. Currently the well does not produce any gas that could be sold. Prospects for future gas sales are unknown at this time because of the well's productivity and the gathering line uncertainty.
No location ID number has been issued for the Michell #1'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: 10/13/2019 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>
402207931	PRESSURE TEST
402207932	PRESSURE TEST
402207933	AERIAL PHOTO
Total Attach: 3 Files	