

**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:

05/16/2023

Document Number:

403404510

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and 906.

Operator Information

OGCC Operator Number: 74165 Contact Person: JB Condill
Company Name: RENEGADE OIL & GAS COMPANY LLC Phone: (303) 680-4725
Address: 6155 S MAIN STREET #225 Email: jbcrog@aol.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: 470646 Location Type: Production Facilities
Name: CHAMPLIN 126 AMOCO B-65S62W Number: 5SWSE
County: ARAPAHOE
Qtr Qtr: SWSE Section: 5 Township: 5S Range: 62W Meridian: 6
Latitude: 39.637803 Longitude: -104.348435

Description of Corrosion Protection

There is no corrosion protection at this time.

Description of Integrity Management Program

An annual pressure test to the maximum anticipated operating pressure. Pressure to the MOP for 30 minutes. Pressure loss not to exceed 10%.

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

N/A.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470650 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320641 Location Type: Well Site ☐
Name: CHAMPLIN 126 AMOCO B-65S62W Number: 5SWSE

County: ARAPAHOE

No Location ID

Qtr Qtr: SWSE Section: 5 Township: 5S Range: 62W Meridian: 6

Latitude: 39.638726 Longitude: -104.348762

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: 05/01/1972

Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 80

Test Date: 08/13/2018

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470657 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320695 Location Type: Well Site ☐

Name: CHAMPLIN 126 AMOCO B-65S62W Number: 5NESW

County: ARAPAHOE

No Location ID

Qtr Qtr: NESW Section: 5 Township: 5S Range: 62W Meridian: 6

Latitude: 39.642316 Longitude: -104.353322

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: 01/15/1973

Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 58

Test Date: 08/13/2018

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470651 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320696 Location Type: Well Site ☐

Name: CHAMPLIN 126 AMOCO B-65S62W Number: 5SWNW

County: ARAPAHOE No Location ID

Qtr Qtr: SWNW Section: 5 Township: 5S Range: 62W Meridian: 6

Latitude: 39.645826 Longitude: -104.357903

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: 01/15/1973

Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 53

Test Date: 08/13/2018

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or
Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470655 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320693 Location Type: Well Site ☐

Name: CHAMPLIN 126 AMOCO B-65S62W Number: 5NENW

County: ARAPAHOE No Location ID

Qtr Qtr: NENW Section: 5 Township: 5S Range: 62W Meridian: 6

Latitude: 39.649476 Longitude: -104.353102

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: 11/01/1972

Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 34

Test Date: 09/04/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470653 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320690 Location Type: _____ Well Site ☐

Name: CHAMPLIN 126 AMOCO B-65S62W Number: 5SWSW

County: ARAPAHOE No Location ID

Qtr Qtr: SWSW Section: 5 Township: 5S Range: 62W Meridian: 6

Latitude: 39.638656 Longitude: -104.358122

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: 10/15/1972

Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 86

Test Date: 08/13/2018

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 470656 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320685 Location Type: _____ Well Site ☐

Name: CHAMPLIN 126 AMOCO B-65S62W Number: 5SWNE

County: ARAPAHOE No Location ID

Qtr Qtr: SWNE Section: 5 Township: 5S Range: 62W Meridian: 6

Latitude: 39.645866 Longitude: -104.348532

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: 08/01/1972
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 80
Test Date: 08/13/2018

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 470652 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320688 Location Type: _____ Well Site ☐
Name: CHAMPLIN 126 AMOCO B-65S62W Number: 5NENE
County: ARAPAHOE No Location ID
Qtr Qtr: NENE Section: 5 Township: 5S Range: 62W Meridian: 6
Latitude: 39.649516 Longitude: -104.343732

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: 09/15/1972
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 83
Test Date: 08/13/2018

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 470654 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 320645 Location Type: _____ Well Site ☐

Name: CHAMPLIN 126 AMOCO B-65S62W

Number: 5NESE

County: ARAPAHOE

No Location ID

Qtr Qtr: NESE

Section: 5

Township: 5S

Range: 62W

Meridian: 6

Latitude: 39.642306

Longitude: -104.343962

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: 06/15/1972

Maximum Anticipated Operating Pressure (PSI): 20

Testing PSI: 81

Test Date: 08/13/2018

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:

OPERATOR COMMENTS AND SUBMITTAL

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 05/16/2023 Email: jbcrog@aol.com

Print Name: JB Condill

Title: VP-Land

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: _____

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

403404514	OFF-LOCATION FLOWLINE GIS SHP
403404518	OFF-LOCATION FLOWLINE GIS SHP
403404519	OFF-LOCATION FLOWLINE GIS SHP
403404520	OFF-LOCATION FLOWLINE GIS SHP
403404521	OFF-LOCATION FLOWLINE GIS SHP
403404522	OFF-LOCATION FLOWLINE GIS SHP
403404523	OFF-LOCATION FLOWLINE GIS SHP
403404524	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 8 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)