

**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:

403404909

**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: jbrog@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: 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

**Description of Corrosion Protection**

There is no corrosion protection at this time as the lines are out of service. Should the lines return to service, corrosion protection will be evaluated at that time.

**Description of Integrity Management Program**

Should the lines return to service, 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: 474293 Flowline Type: Wellhead Line Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 319728 Location Type: \_\_\_\_\_ Well Site ☐  
Name: UPRR-HABEL-62S62W Number: 35NWNW

County: ADAMS

No Location ID

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

Latitude: 39.838264 Longitude: -104.299132

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

**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: 474292 Flowline Type: Peripheral Piping Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 319728 Location Type: Well Site ☐

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

County: ADAMS No Location ID

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

Latitude: 39.838264 Longitude: -104.299132

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

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

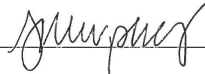
Date: \_\_\_\_\_

**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: 5/17/2023

## Conditions of Approval

COA Type

Description

## Attachment Check List

Att Doc Num

Name

403404909	Form44 Submitted
403404918	OFF-LOCATION FLOWLINE GIS SHP
403404921	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 3 Files

## General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)