

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: 06/20/2023 Document Number: 403439618

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 [X] 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

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: 474334 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320708 Location Type: Well Site [ ] Name: MICHELL-64S62W Number: 32SWNE

County: ARAPAHOE

No Location ID

Qtr Qtr: SWNE Section: 32 Township: 4S Range: 62W Meridian: 6

Latitude: 39.660496 Longitude: -104.348292

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

**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: 474335 Flowline Type: Peripheral Piping Action Type: \_\_\_\_\_

**OFF LOCATION FLOWLINE REGISTRATION**

Equipment at End Point Riser: Separator

**Flowline Start Point Location Identification**

Location ID: 320708 Location Type: Well Site

Name: MICHELL-64S62W Number: 32SWNE

County: ARAPAHOE No Location ID

Qtr Qtr: SWNE Section: 32 Township: 4S Range: 62W Meridian: 6

Latitude: 39.660496 Longitude: -104.348292

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

**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: 06/20/2023 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**

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### Attachment Check List

**Att Doc Num**

**Name**

403439621	OFF-LOCATION FLOWLINE GIS KML
403439624	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)