

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: 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: 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

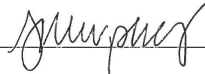
Date: _____

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: 7/12/2023

Conditions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

403439618	Form44 Submitted
403439621	OFF-LOCATION FLOWLINE GIS KML
403439624	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)