

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: 06/21/2023 Document Number: 403440303

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: 319640 Location Type: Production Facilities Name: BRUCHEZ-62S62W Number: 13NESW County: ADAMS Qtr Qtr: NESW Section: 13 Township: 2S Range: 62W Meridian: 6 Latitude: 39.874623 Longitude: -104.274942

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: 474325 Flowline Type: Wellhead Line Action Type:

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 319640 Location Type: Well Site Name: BRUCHEZ-62S62W Number: 13NESW

County: ADAMS

No Location ID

Qtr Qtr: NESW Section: 13 Township: 2S Range: 62W Meridian: 6

Latitude: 39.874623 Longitude: -104.274942

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: 09/01/1981

Maximum Anticipated Operating Pressure (PSI): 25 Testing PSI: 49

Test Date: 10/24/2019

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: 474326 Flowline Type: Peripheral Piping Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 319729 Location Type: Well Site

Name: BRUCHEZ-62S62W Number: 13NWSE

County: ADAMS No Location ID

Qtr Qtr: NWSE Section: 13 Township: 2S Range: 62W Meridian: 6

Latitude: 39.874673 Longitude: -104.270002

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: 11/01/1972

Maximum Anticipated Operating Pressure (PSI): 15 Testing PSI: 28

Test Date: 08/30/2018

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: 474322 Flowline Type: Peripheral Piping Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 319736 Location Type: Well Site
Name: BRUCHEZ-62S62W Number: 13SENW
County: ADAMS No Location ID
Qtr Qtr: SENW Section: 13 Township: 2S Range: 62W Meridian: 6
Latitude: 39.878333 Longitude: -104.274932

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: 04/30/1973
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 28
Test Date: 11/05/2019

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: 474323 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 319736 Location Type: Well Site
Name: BRUCHEZ-62S62W Number: 13SENW
County: ADAMS No Location ID
Qtr Qtr: SENW Section: 13 Township: 2S Range: 62W Meridian: 6
Latitude: 39.878333 Longitude: -104.274932

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: 04/30/1973
Maximum Anticipated Operating Pressure (PSI): 25 Testing PSI: 30
Test Date: 10/28/2019

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: 474324 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 319729 Location Type: Well Site

Name: BRUCHEZ-62S62W Number: 13NWSE

County: ADAMS No Location ID

Qtr Qtr: NWSE Section: 13 Township: 2S Range: 62W Meridian: 6

Latitude: 39.874673 Longitude: -104.270002

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: _____ Max Outer Diameter:(Inches) _____

Bedding Material: Native Materials Date Construction Completed: 11/01/1972

Maximum Anticipated Operating Pressure (PSI): 25 Testing PSI: 44

Test Date: 08/30/2018

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: 474327 Flowline Type: Peripheral Piping Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Heater Treater

Flowline Start Point Location Identification

Location ID: 319640 Location Type: Well Site

Name: BRUCHEZ-62S62W Number: 13NESW

County: ADAMS No Location ID

Qtr Qtr: NESW Section: 13 Township: 2S Range: 62W Meridian: 6

Latitude: 39.874623 Longitude: -104.274942

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: 09/01/1981
Maximum Anticipated Operating Pressure (PSI): 15 Testing PSI: 20
Test Date: 10/24/2019

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: 06/21/2023 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

403440303	Form44 Submitted
403440304	OFF-LOCATION FLOWLINE GIS KML
403440305	OFF-LOCATION FLOWLINE GIS KML
403440306	OFF-LOCATION FLOWLINE GIS KML
403440307	OFF-LOCATION FLOWLINE GIS KML
403440308	OFF-LOCATION FLOWLINE GIS KML
403440309	OFF-LOCATION FLOWLINE GIS KML

Total Attach: 7 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)