

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

09/17/2019

Document Number:

402179860

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 74165 Contact Person: Edward Ingve
Company Name: RENEGADE OIL & GAS COMPANY LLC Phone: (303) 829-2354
Address: 6155 S MAIN STREET #210 Email: ed@renegadeoilandgas.com
City: AURORA State: CO Zip: 80016
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 319860 Location Type: Production Facilities
Name: SMITH-62S64W Number: 20NWNW
County: ADAMS
Qtr Qtr: NWNW Section: 20 Township: 2S Range: 64W Meridian: 6
Latitude: 39.868112 Longitude: -104.581391

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Peripheral Piping Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.868502 Longitude: -104.581271 PDOP: Measurement Date: 09/09/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 375307 Location Type: Well Site ☐ No Location ID
Name: HALVERSON Number: 20-13
County: ADAMS
Qtr Qtr: SWSW Section: 20 Township: 2S Range: 64W Meridian: 6
Latitude: 39.857200 Longitude: -104.581070

Flowline Start Point Riser

Latitude: 39.857196 Longitude: -104.581068 PDOP: Measurement Date: 09/09/2019
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: 07/01/2012
Maximum Anticipated Operating Pressure (PSI): 20 Testing PSI: 34
Test Date: 09/12/2019

FLOWLINE FACILITY INFORMATION

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

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 39.868502 Longitude: -104.581271 PDOP: Measurement Date: 09/09/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 375307 Location Type: Well Site ☐ No Location ID
Name: HALVERSON Number: 20-13
County: ADAMS
Qtr Qtr: SWSW Section: 20 Township: 2S Range: 64W Meridian: 6
Latitude: 39.857200 Longitude: -104.581070

Flowline Start Point Riser

Latitude: 39.857196 Longitude: -104.581068 PDOP: Measurement Date: 09/09/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: HDPE Max Outer Diameter:(Inches) 3.500
Bedding Material: Native Materials Date Construction Completed: 07/01/2012
Maximum Anticipated Operating Pressure (PSI): 40 Testing PSI: 94
Test Date: 09/09/2019

OPERATOR COMMENTS AND SUBMITTAL

Comments Initial flowline registration and pressure test for the Halverson 20-13. The end point of this flowline is the lease separator at the Smith 20-4 wellsite. The Halverson 20-11 well is tied into this flowline on it's routing to the separator. All wells on this lease are currently SI as a result of the Anadarko Third Creek Gathering System shut down. Prospects for returning the lease back to production is unknown at this time. The location ID number of 319860 for the Smith 20-4 well has been used for the Smith/Halverson tank battery.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Signed: Date: 09/17/2019 Email: ed@renegadeoilandgas.com

Print Name: Edward Ingve Title: Manager/Owner

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:

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|-----------------------|---------------|
| 402179870 | PRESSURE TEST |
| 402179871 | PRESSURE TEST |
| 402179872 | AERIAL PHOTO |
| Total Attach: 3 Files | |