

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401453047

Date Received:

11/08/2017

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 74165

Name of Operator: RENEGADE OIL & GAS COMPANY LLC

Address: 6155 S MAIN STREET #210

City: AURORA State: CO Zip: 80016

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Espinosa, Bill

(303) 829-4982

billespinosa30@yahoo.com

dnr_cogccengineering@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 688300097

Inspection Date: 08/23/2017

FIR Submit Date: 09/01/2017

FIR Status: _____

Inspected Operator Information:

Company Name: RENEGADE OIL & GAS COMPANY LLC

Company Number: 74165

Address: 6155 S MAIN STREET #210

City: AURORA State: CO Zip: 80016

LOCATION - Location ID: 320706

Location Name: STATE 'B'-65S64W Number: 15SESW County: ARAPAHOE

Qtrqtr: SESW Sec: 15 Twp: 5S Range: 64W Meridian: 6

Latitude: 39.609960 Longitude: -104.541650

FACILITY - API Number: 05-005- -00 Facility ID: 204575

Facility Name: STATE B Number: 1

Qtrqtr: SESW Sec: 15 Twp: 5S Range: 64W Meridian: 6

Latitude: 39.609960 Longitude: -104.541650

CORRECTIVE ACTIONS:

1 CA# 97874

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4).

Date: 10/05/2017

Response: CA COMPLETED

Date of Completion: 10/02/2017

Operator
Comment: CA completed

COGCC Decision: _____

COGCC
Representative:

2 CA# 97875

Corrective Action: Comply with Rule 603.f .

Date: 10/05/2017

Response: CA COMPLETED

Date of Completion: 10/02/2017

Operator
Comment: CA completed

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA completed

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Bill Espinosa

Signed: _____

Title: field supervisor

Date: 11/8/2017 9:25:53 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

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Total Attach: 0 Files