

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:

401452959

Date Received:

11/08/2017

FIR RESOLUTION FORM

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 681700863

Inspection Date: 09/07/2017

FIR Submit Date: 09/08/2017

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: 320705

Location Name: STATE OF COLORADO 'AA'-65S64W Number: 29SWNE County: ARAPAHOE

Qtrqtr: SWNE Sec: 29 Twp: 5S Range: 64W Meridian: 6

Latitude: 39.589010 Longitude: -104.573800

FACILITY - API Number: 05-005-00 Facility ID: 204569

Facility Name: STATE OF COLORADO 'AA' Number: 1

Qtrqtr: SWNE Sec: 29 Twp: 5S Range: 64W Meridian: 6

Latitude: 39.589010 Longitude: -104.573800

CORRECTIVE ACTIONS:

1 ☒ CA# 98292

Corrective Action: Repair or install berms or other secondary containment devices per Rule 906.d.(1).

Date: 10/08/2017

Response: CA COMPLETED

Date of Completion: 06/26/2017

Operator
Comment:

CA completed

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 ☒ CA# 98293

Corrective Action: Install sign to comply with Rule 210.d.

Date: 11/08/2017

Response: CA COMPLETED

Date of Completion: 06/26/2017

Operator
Comment: CA completd

COGCC Decision: Approved pending re-inspection

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 9:14:28 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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401452959	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files