

**FORM
INSP**Rev
X/15**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

12/05/2019

Submitted Date:

12/06/2019

Document Number:

688306440**FIELD INSPECTION FORM**Loc ID 317295 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 74165Name of Operator: RENEGADE OIL & GAS COMPANY LLCAddress: 6155 S MAIN STREET #210City: AURORA State: CO Zip: 80016**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:10 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Espinosa, Bill	(303) 829-4982	billespinosa30@yahoo.com	All Inspections
Ingve, Ed	303-829-2354	ed@renegadeoilandgas.com	All Inspections
Condill, JB	303-680-4725	jbcrog@aol.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
237951	WELL	PR	06/01/2009	OW	121-10454	HORN 2-A-5	PR

General Comment:[Routine Inspection](#)[Erosion at NE cor of pit \(see last attached photo\). Should the pit be dry? No blowouts to the pit walls were observed \(see second to the last photo\), however inspector will double check.](#)[All lease locations are mowed and clean.](#)

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 303-680-4725

Corrective Action:

Date: _____

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Prime Mover	# 1		
Comment:	electric		
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 3		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		

Comment: chemical container		Date:
Corrective Action:		Date:
Type: Deadman # & Marked	# 4	
Comment:		Date:
Corrective Action:		Date:
Type: Horizontal Heated Separator	# 0	
Comment:		Date:
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST		,
Comment:					Date:
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				Date:
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLS	HEATED STEEL AST		,
Comment:					Date:
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				Date:
Corrective Action:				Date:

Venting:

Yes/No	
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Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Location Construction

Location ID: 237951 CDP: _____

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:**Comment:** No COAs.

Corrective Action: _____ Date: _____

Wildlife BMPs:**Comment:** _____

Corrective Action: _____ Date: _____

Comment: _____**Corrective Action:** _____ Date: _____**On Site Inspection (305):**Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Inspected Facilities									
Facility ID:	237951	Type:	WELL	API Number:	121-10454	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR. Oct 2019 production reported to COGCC database.								
Corrective Action:				Date:					

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
				Material Handling And Spill Prevention	Pass	

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NOPit ID: Lat: Long: Reference Point: Other: Length: Width: **Lining:**Liner Type: Liner Condition: Comment: Corrective Action: Date: **Fencing:**Fencing Type: LivestockFencing Condition: AdequateComment: Corrective Action: Date: **Netting:**Netting Type: Netting Condition: Comment: Corrective Action: Date: Anchor Trench Present: Oil Accumulation: 2+ feet Freeboard: Comment: dry, erosion rill at NE cor of pit carrying sediments off locationCorrective Action: Install or repair required BMPs per Rule 1002.f.(2)C.Date: 01/10/2020**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
402257138	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5007668
688306467	Renegade Horn 2-A-5	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5007667