

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



| | | | |
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| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

10/25/2011

Document Number:

659400005

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|----------------------------------|------------|-------------|-----------------------------|---------------|
| Location Identifier | API Number | Facility ID | Loc ID | Tracking Type |
| | 005-06327 | 204243 | 320644 | |
| Facility Name: LOWRY STATE 13-25 | | | Inspector Name: DURAN, JOHN | |

Operator Information:

| | | | |
|-----------------------|-----------------------|-------------------|---|
| OGCC Operator Number: | <u>74165</u> | Name of Operator: | <u>RENEGADE OIL & GAS COMPANY LLC</u> |
| Address: | <u>P O BOX 460413</u> | | |
| City: | <u>AURORA</u> | State: | <u>CO</u> |
| | | Zip: | <u>80046-</u> |

Contact Information:

| Contact Name | Phone | Email | Comment |
|---------------|-----------------------------------|----------------------------|---------------------|
| Ingve, Edward | 303-680-4725 off | renegadeog@aol.com | |
| Condill, J.B. | | jbcrog@aol.com | |
| Frazier, Bob | (303) 680-4725/ (303) 885-2786 | bob@renegadeoiland gas.com | CIO & VP Operations |

Compliance Summary:

| QtrQtr: | <u>SWSW</u> | Sec: | <u>25</u> | Twp: | <u>5S</u> | Range: | <u>65W</u> |
|------------|-------------|------------|-------------|------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 02/01/2006 | 200088292 | PR | PR | S | | P | N |
| 11/17/1999 | 894215 | ID | TA | U | | F | Y |
| 10/03/2000 | 896283 | PR | PR | U | | F | Y |
| 08/30/1995 | 500134292 | PR | SI | | | F | Y |
| 02/27/1995 | 500134290 | | | | | | |
| 01/24/2008 | 200201653 | PR | PR | U | | | Y |
| 04/13/1995 | 500134291 | CO | PR | | | | Y |
| 07/20/2000 | 896107 | ID | TA | S | | P | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num |
|-------------|------|--------|-------------|------------|-----------|
| 204243 | WELL | PR | 03/24/2003 | OW | 005-06327 |

Equipment:Location Inventory

Inspector Name: DURAN, JOHN

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: _____ |
| Electric Generators: _____ | Gas Pipeline: _____ | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: _____ | Oil Tanks: _____ | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

Location

| | | | | |
|----------------------|-----------------------------|---------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |

Emergency Contact Number: (S/U/V) Satisfactory _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

| | | | | |
|--|------|--------|-------------------|---------|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| | | | | |
|------------------|-----------------------------|---------|-------------------|---------|
| Fencing/: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| PUMP JACK | Satisfactory | | | |

| | | | | | |
|-------------------------|---|-----------------------------|---------|-------------------|---------|
| Equipment: | | | | | |
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Gas Meter Run | 1 | Satisfactory | | | |
| Veritcal Heater Treater | 1 | Satisfactory | | | |

| | | | | |
|-----------------------|---|-----------------------------------|----------------|------------------------------------|
| Tanks/Berms: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 2 | 300 BBLS | FIBERGLASS AST | , |
| S/U/V: Unsatisfactory | Comment: No NFPA labels, no contents, and no capacity on tanks. | | | |
| Corrective Action: | Need NFPA labels, Produced Water, and capacity on tanks. | | | Corrective Date: 12/25/2011 |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Inspector Name: DURAN, JOHN

Tanks/Berms: ☐ New Tank Tank ID: _____

| | | | | |
|-----------|----------------|----------|---|--------|
| Contents | # | Capacity | Type | SE GPS |
| CRUDE OIL | 2 | 300 BBLS | STEEL AST | , |
| S/U/V: | Unsatisfactory | Comment: | No contents, capacity, or NFPA labels on tanks. | |

Corrective Action: Need NFPA labels, Crude Oil, and Capacity on tanks. Corrective Date: **12/25/2011**

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | Comment |
|-------------------|----------|---------------------|---------------------|-------------|-----------------|
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | | Corrective Date |

| | |
|-----------------|---------|
| Venting: | |
| Yes/No | Comment |
| | |

| Flaring: | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 320644

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Wildlife BMPs:****Stormwater:****Comment:** _____**Staking:****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:**Summary of Operator Response to Landowner Issues:****Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:****Well**

Facility ID: 204243

API Number: 005-06327

Status: PR

Insp. Status: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Inspector Name: DURAN, JOHN

DWR Receipt Num:

Owner Name:

GPS File:

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____

Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? _____ CM _____
CA _____ CA Date _____
Waste Material Onsite? _____ CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? _____ CM _____
CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? _____ CM _____
CA _____ CA Date _____
Guy line anchors removed? _____ CM _____
CA _____ CA Date _____
Guy line anchors marked? _____ CM _____
CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Final Reclamation/ Abandoned Location:

Inspector Name: DURAN, JOHN

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____
Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads _____ Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|