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

Inspection Date: 11/29/2011

Document Number: 664000178

Overall Inspection: **Unsatisfactory**

FIELD INSPECTION FORM

| | | | | |
|---------------------|---------------|---------------|---------------|--------------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: <u>LEONARD, MIKE</u> |
| | <u>204843</u> | <u>320763</u> | | |

Operator Information:

OGCC Operator Number: 74165 Name of Operator: RENEGADE OIL & GAS COMPANY LLC

Address: P O BOX 460413

City: AURORA State: CO Zip: 80046-

Contact Information:

| Contact Name | Phone | Email | Comment |
|----------------|----------------|----------------------------|---------------------|
| Frazier, Bob | (303) 680-4725 | bob@renegadeoiland gas.com | CIO & VP Operations |
| Condill, J. B. | (303) 680-4725 | jbcrog@aol.com | VP Land |

Compliance Summary:

QtrQtr: NESW Sec: 8 Twp: 5S Range: 62W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 03/09/2005 | 200067839 | PR | PR | U | | F | Y |
| 07/05/1995 | 500134792 | PR | PR | | | F | Y |
| 10/11/2010 | 200277749 | CC | SI | S | | | N |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 204843 | WELL | PR | 12/01/2010 | OW | 005-06928 | COX 1-8 | <input checked="" type="checkbox"/> |

Equipment: Location Inventory

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 |
|----------------------|-----------------------------|--|-------------------------------|-------------------|
| TANK LABELS/PLACARDS | Unsatisfactory | NO LABELS ON TREATER, NO CAPACITY ON OIL TANKS | INSTALL ALL REQUIRED LABELING | 01/27/2012 |

Inspector Name: LEONARD, MIKE

| | | | | |
|----------|----------------|---------------------|--------------------------|------------|
| BATTERY | Satisfactory | | | |
| WELLHEAD | Unsatisfactory | NO SIGN AT WELLHEAD | INSTALL SIGN AT WELLHEAD | 01/27/2012 |

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? | | | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-------------------------|---|-----------------------------|----------------------------------|-------------------|------------|
| Pump Jack | 1 | Satisfactory | STANDARD | | |
| Prime Mover | 1 | Satisfactory | ELECTRIC MOTOR | | |
| Deadman # & Marked | 4 | Satisfactory | | | |
| Gas Meter Run | 1 | Satisfactory | | | |
| Veritcal Heater Treater | 1 | Unsatisfactory | NEEDS BERMS, LABELED AND PAINTED | INSTALL BERMS | 12/30/2011 |
| Bird Protectors | | Satisfactory | | | |

Tanks/Berms: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|--------------------|--------------|----------|-----------|-----------------------|
| CRUDE OIL | 1 | 300 BBLS | STEEL AST | 39.626360,-104.360400 |
| S/U/V: | Satisfactory | Comment: | | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|-----------|------------|
| Condition | Inadequate |
|-----------|------------|

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 | |

| | | | | | |
|---------------------|-----------------------------|-----------------------------------|---------------------------|-------------|------------------|
| Tanks/Berms: | | <input type="checkbox"/> New Tank | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | 300 BBLS | STEEL AST | , | |
| S/U/V: | Satisfactory | Comment: | NEEDS PAINTED AND LABELED | | |
| Corrective Action: | | | | | Corrective Date: |
| Paint | | | | | |
| Condition | Inadequate | | | | |
| Other (Content) | _____ | | | | |
| Other (Capacity) | _____ | | | | |
| Other (Type) | _____ | | | | |
| Berms | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | Comment |
| | | | | | SAME AS OIL |
| Corrective Action | | | | | Corrective Date |
| Venting: | | | | | |
| Yes/No | Comment | | | | |
| | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 320763

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: 204843 API Number: 005-06928 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:

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: FARMGROUND

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

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

1003c. Compacted areas have been cross ripped? _____

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

Cuttings management: _____

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

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

Final Reclamation/ Abandoned Location:

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____