

**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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Inspection Date:

03/22/2012

Document Number:

664000423

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>209361</u>	<u>322151</u>		<u>LEONARD, MIKE</u>

Operator Information:OGCC Operator Number: 74165 Name of Operator: RENEGADE OIL & GAS COMPANY LLCAddress: P O BOX 460413City: AURORAState: COZip: 80046-**Contact Information:**

Contact Name	Phone	Email	Comment
Ingvie, Ed	(303) 680-4725	ed@renegadeoilandgas.com	President

Compliance Summary:QtrQtr: NWNW Sec: 24 Twp: 6S Range: 63W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/28/2010	200264787	PR	SI	S			N
01/24/2006	200083504	PR	PR	S		P	N
04/16/2004	200053423	ID	TA	U		F	Y
04/27/2000	895787	PR	PR	U		F	Y
12/17/1999	894242	ID	SI	U		F	Y
12/01/1999	882761	ES	PR	U		F	Y
12/01/1999	882734	ES	PR	U		F	Y
11/17/1999	894213	ES	SI	U		F	Y
11/08/1999	882763	ES	PR	U		F	Y
11/08/1999	882760	ES	PR	U		F	Y
11/01/1999	882759	ES	PR	U		F	
11/01/1999	882762	ES	PR	U		F	Y
10/26/1999	882758	ES	PR	U		F	Y
10/26/1999	882732	ES	PR	U		F	Y
10/20/1999	882757	ES	PR	U		F	Y
10/20/1999	882733	ES	PR	U		F	Y
09/17/1999	845055	ES	UN	U			
09/16/1999	200014274	ES	PR	U		F	Y
07/22/1999	882756	ES	PR	U		F	Y
07/19/1999	882755	ES	PR	U		F	Y
07/02/1999	500141332	CO	SI			F	Y
11/06/1997	500141331	PR	PR			F	Y

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
119949	PIT	CL	02/29/2000		-	MORRIS 24-4	
209361	WELL	PR	03/06/2007	OW	039-06265	MORRIS 24-4	X
322151	LOCATION	AC	04/14/2009		-	MORRIS-66S63W 24NWNW	

Equipment:Location Inventory

Special Purpose Pits: _____ Drilling Pits: _____ Wells: _____ Production Pits: _____
 Condensate Tanks: _____ Water Tanks: _____ Separators: _____ Electric Motors: _____
 Gas or Diesel Motors: _____ 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	Unsatisfactory	NO VISIBLE WELL SIGN	Install sign to comply with rule 210.b.	04/30/2012

Emergency Contact Number: (S/U/V) UnsatisfactoryCorrective Date: 04/30/2012

Comment: _____

Corrective Action: NO EMERGENCY # AT WELLHEAD**Spills:**

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Prime Mover	1	Satisfactory	GAS ENGINE		
Deadman # & Marked	4	Unsatisfactory	NOT MARKED	MARK DEADMEN	04/30/2012
Pump Jack	1	Satisfactory	STANDARD		

Inspector Name: LEONARD, MIKE

Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	39.520350,-104.402820
S/U/V:	Comment: SAMEM BATTERY AS MORRIS 24-12 &14-16			
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition				
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				
Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	FIBERGLASS AST	,
S/U/V:	Comment:			
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition				
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				
<u>Venting:</u>				
Yes/No		Comment		
<u>Flaring:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 322151

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: 209361 API Number: 039-06265 Status: PR Insp. Status: SI

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 : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Inspector Name: LEONARD, MIKE

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? 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? Fail CM _____

CA MARK DEADMEN CA Date **04/30/2012**

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? _____ 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 Pass

1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Reminder: _____

Comment: _____

Inspector Name: LEONARD, MIKE

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 _____

Overall Final Reclamation

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass	MHSP	Fail	

S/U/V: Unsatisfactory Corrective Date: 04/30/2012

Comment: _____

CA: INSTALL CONTAINMENT DEVICE UNDER OIL LONG RUN AT PUMPJACK ENGINE