

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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

Inspection Date:

10/23/2013

Document Number:

600000058

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                  |  |
|---------------------|-------------|--------|------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name:  | On-Site Inspection                         |
|                     | 204689      | 320730 | JOHNSON, RANDELL | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**

OGCC Operator Number: \_\_\_\_\_

Name of Operator: RENEGADE OIL & GAS COMPANY LLCAddress: 6155 S MAIN STREET #210City: AURORA State: CO Zip: 80016☐ THIS IS A FOLLOW UP INSPECTION☐ FOLLOW UP INSPECTION REQUIRED☒ NO FOLLOW UP INSPECTION REQUIRED☒ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED**Contact Information:**

| Contact Name  | Phone        | Email              | Comment |
|---------------|--------------|--------------------|---------|
| Ingve, Edward | 303-680-4725 | renegadeog@aol.com |         |
| Condill, J.B. | 303-680-4725 | jbcrog@aol.com     |         |

**Compliance Summary:**QtrQtr: NENW Sec: 33 Twp: 4S Range: 62W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 11/02/2007 | 200121364 | MT         | SI          | S                            |          |                | N               |
| 08/03/2007 | 200119531 | CO         | TA          | U                            |          |                | Y               |
| 06/05/2001 | 903303    | MT         | TA          | S                            |          | P              | N               |
| 08/21/1996 | 500134686 | MT         | TA          |                              |          | P              | N               |
| 12/29/1995 | 500134685 | ID         | TA          |                              |          | F              | Y               |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name          | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|-------------------------------------|
| 204689      | WELL | TA     | 03/12/1978  | OW         | 005-06774 | CHAMPLIN 126 AMOCO F 3 | TA          | <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**

Inspector Name: JOHNSON, RANDELL

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

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

|                    |  |                                   |                |   |                  |  |
|--------------------|--|-----------------------------------|----------------|---|------------------|--|
| <b>Facilities:</b> |  | <input type="checkbox"/> New Tank | Tank ID: _____ |   |                  |  |
| Contents           |  | #                                 | Capacity       | Type  | SE GPS           |  |
|                    |  |                                   |                |   | ,                |  |
| S/U/V:             |  |                                   | Comment:       | No facilities or equipment associated with well |                  |  |
| Corrective Action: |  |                                   |                |   | Corrective Date: |  |

Paint

|           |  |
|-----------|--|
| Condition |  |
|-----------|--|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

|                   |          |                     |                     |                 |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
|                   |          |                     |                     |                 |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

|                 |         |  |
|-----------------|---------|--|
| <b>Venting:</b> |         |  |
| Yes/No          | Comment |  |
|                 |         |  |

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

**Predrill**

Location ID: 204689

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/U/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**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:****Facility**

Facility ID: 204689 Type: WELL API Number: 005-06774 Status: TA Insp. Status: TA

**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: \_\_\_\_\_

S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: TA - MIT

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: JOHNSON, RANDELL

|   |                   |  |      |
|---|-------------------|--|------|
| Comment: <input style="width:700px" type="text"/>         |                   |  |      |
| Corrective Action: _____                                  |                   | Date: _____  |      |
| Reportable: _____   | GPS: Lat _____    | Long _____   |      |
| Proximity to Surface Water: _____                         |                   | Depth to Ground Water: _____                       |      |
| <b>Water Well:</b>  |                   |  |      |
|   |                   | Lat  | Long |
| DWR Receipt Num: _____                                    | Owner Name: _____ | GPS : _____  |      |
| <b>Field Parameters:</b>                                  |                   |  |      |
| <input style="width:300px" type="text"/>                  |                   |  |      |
| Sample Location: <input style="width:400px" type="text"/> |                   |  |      |
| 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: <input style="width:750px" type="text"/>  |   |
| 1003a. Debris removed? <u>Pass</u> CM _____  |   |
| CA _____   | CA Date _____                             |
| Waste Material Onsite? <u>Pass</u> CM _____  |   |
| CA _____   | CA Date _____                             |
| Unused or unneeded equipment onsite? <u>Pass</u> CM _____  |   |
| CA _____   | CA Date _____                             |
| Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____   |   |
| CA _____   | CA Date _____                             |
| Guy line anchors removed? _____ CM _____   |   |
| CA _____   | CA Date _____                             |
| Guy line anchors marked? <u>Pass</u> CM _____  |   |
| CA _____   | CA Date _____                             |
| 1003b. Area no longer in use? <u>Pass</u>  |   |
| Production areas stabilized ? <u>Pass</u>  |   |
| 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? <u>Pass</u> |   |
| Production areas have been stabilized? <u>Pass</u>   |   |
| Segregated soils have been replaced? _____   |   |

**RESTORATION AND REVEGETATION**

Cropland

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

Inspector Name: JOHNSON, RANDELL

Non-Cropland

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

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: \_\_\_\_\_

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 \_\_\_\_\_

Well Release on Active Location ☐

Multi-Well Location ☐

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment    |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|------------|
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |            |
| Other            | Pass            | Other                   | Pass                  |               |                          | Vegetation |
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |            |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

Pits: ☐ NO SURFACE INDICATION OF PIT