

**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



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Inspection Date:

01/21/2014

Document Number:

668601983

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	206337	321221	QUINT, CRAIG	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 off	renegadeog@aol.com	

Compliance Summary:QtrQtr: NWNE Sec: 36 Twp: 22S Range: 48W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/05/2011	663900207	PR	SI	Satisfactory	P		No
09/10/2009	200218399	PR	PR	Satisfactory			No
10/05/2007	200120214	PR	PR	Unsatisfactory			Yes
03/13/2000	200005172	PR	PR	Satisfactory	I	Pass	No
04/09/1997	500136860	PR	PR			Fail	Yes
05/22/1996	500136859	PR	PR			Pass	Yes
09/16/1994	500136858		PR				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
206337	WELL	PR	12/01/2010	GW	011-06083	MCCLINTOCK 1	WK	<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

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Unsatisfactory	DIRT ROAD THROUGH PASTURE, ROAD HAS MULTIPLE TRACKS.	ERECT FENCE AND INSTALL SIGNS TO MAINTAIN TRAFFIC ON DESIGNATED ROAD.	02/21/2014

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory	LEASE SIGN MOUNTED ON METER SHED		
TANK LABELS/PLACARDS	Satisfactory	STICKERS		

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
OTHER	Satisfactory	EQUIPMENT ON LOCATION FOR WORKOVER.		

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	1	Satisfactory	SCREEN ON STACK		
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			

Inspector Name: QUINT, CRAIG

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	200 BBLS	STEEL AST	38.098210,-102.748870	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition					
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Inadequate	Walls Sufficient	Base Sufficient	Inadequate	
Corrective Action	IF PLACED BACK INTO PRODUCTION REPAIR BERMS TO CONTAIN 200BBL PLUS PRECIPITATION.			Corrective Date 04/21/2014	
Comment					
Venting:					
Yes/No	Comment				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 206337

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: 206337 Type: WELL API Number: 011-06083 Status: PR Insp. Status: WK

Producing Well

Comment: SHUT IN FOR WORKOVER.

Workover

Comment: EASTERN COLORADO WELL SERVICE RIG #18 RUNNING WASHOVER PIPE TO RECOVER CASING THAT WILL BE REPLACE.

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:

Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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 REVEGETATIONCropland

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

Non-Cropland

Inspector Name: QUINT, CRAIG

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

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	Fail	Compaction	Fail			

S/U/V: **Unsatisfactory**

Corrective Date: **01/28/2014**

Comment: **ROAD AND LOCATION SHOW SIGNS OF WIND EROSION.**

CA: **CONTROL EROSION, INSTALL BMP's.**

Pits: ☐ NO SURFACE INDICATION OF PIT

Inspector Name: QUINT, CRAIG

Pit Type: Workover Lined: NO Pit ID: _____ Lat: 38.098080 Long: -102.748550

Lining:

Liner Type: _____ Liner Condition: _____

Comment: NO PERMIT HAS BEEN ISSUED.

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/U/V): Unsatisfactory Comment: _____

Corrective Action: FILE FOR PIT PERMIT AND FOLLOW COGCC RULES. Date: 01/28/2014

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
668602002	FIELD ENTRANCE	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3265435
668602003	BERMS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3265436
668602004	WIND EROSION SE CORNER	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3265437
668602005	EQUIPMENT ON LOCATION 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3265438
668602006	EQUIPMENT 2	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3265439
668602007	WORKOVER PIT	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3265440