

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:
06/16/2014

Document Number:
668602750

Overall Inspection:

ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>212587</u>	<u>324787</u>	<u>QUINT, CRAIG</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 74165

Name of Operator: RENEGADE OIL & GAS COMPANY LLC

Address: 6155 S MAIN STREET #210

City: 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/77900	renegadeog@aol.com	
KOEHLER, BOB		bob.koehler@state.co.us	

Compliance Summary:

QtrQtr: NESW Sec: 34 Twp: 19S Range: 48W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/24/2010	200285313	PR	TA	ACTION REQUIRED			Yes
05/18/2010	200250574	PR	SI	ACTION REQUIRED			Yes
08/20/2008	200197613	PR	SI	ACTION REQUIRED			Yes
04/16/2007	200109384	PR	SI	ACTION REQUIRED		Fail	Yes
03/17/2000	200005281	PR	PR	SATISFACTOR Y	I	Pass	No
02/21/1997	500144395	PR	PR			Pass	No
12/05/1995	500144394	PR	PR			Pass	Yes
11/16/1994	500144393		PR				Yes

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
115388	PIT		09/23/1999		-	STATE KING A-1	<input type="checkbox"/>
212587	WELL	PR	01/23/2014	GW	061-05039	STATE KING A 1	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

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	2 TRACK THROUGH PASTURE WITH SEVERAL TRAILS GRASSED OVER.		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	ACTION REQUIRED	LABELING IS FADED	Install sign to comply with rule 210.	09/16/2014
BATTERY	ACTION REQUIRED	SING DOES NOT INDICATE CURRENT OPERATOR	Install sign to comply with rule 210.	09/16/2014

Emergency Contact Number (S/A/V): ACTION Corrective Date: 09/16/2014

Comment: **NO CURRENT EMERGENCY NUMBERS**

Corrective Action: **INSTALL CONTACT NUMBERS**

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
STORAGE OF SUPL	ACTION REQUIRED	TUBING & RODS STACKED BY WELL, UNUSED EQUIPMENT BY METER RUN,	REMOVE UNUSED EQUIPMENT.	09/16/2014

Spills:

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

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	ACTION REQUIRED	STEEL PANELS AROUND METER SHED ARE NOT COMPLETE.	REPAIR OR REMOVE.	09/16/2014
TANK BATTERY	SATISFACTORY	TANKS FENCED WITH WIRE		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Prime Mover	1	SATISFACTORY	ARROW GAS ENGINE		
Horizontal Heated Separator	2	SATISFACTORY	1 SEPERATOR IS NOT USED		
Ancillary equipment					
Gas Meter Run	1	SATISFACTORY			
Pump Jack	1	SATISFACTORY	114 BETHLEHEM		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	38.358490,-102.778290

S/A/V: SATISFACTORY Comment: TANK HAS FLUID IN IT.

Corrective Action: _____ Corrective Date: _____

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Sufficent	Base Sufficient	Inadequate
Corrective Action	REPAIR BERMS			Corrective Date 09/16/2014
Comment				

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 212587

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/A/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: 212587 Type: WELL API Number: 061-05039 Status: PR Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: **MIRU EXTREME HEAT, LOAD CASING W/10BBL WATER, PRESSURE CASING TO 340 PSIG, 5 MIN-335#, 10 MIN-330#, 15 MIN-330#, -10# PRES. LOSS (PASS)**

Workover

Comment: **EASTERN COLORADO WELL SERVICE RIG #18 ON WELL TRIPPING EQUIPMENT.**

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? 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? _____ 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

Inspector Name: QUINT, CRAIG

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? _____ P _____

Comment: **UNUSED AREAS OF THE LOCATION ARE PASTURE.**

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
Other	Pass	Other	Pass			
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: **ACCESS AND LOCATION ARE PARTIALLY GRASSED OVER.**

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
CONTINUE WITH ISSUED N.O.A.V. (DocNum: 200393418) CORRECTIVE ACTIONS.	quintc	06/16/2014

Attached Documents

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

Document Num	Description	URL
668602751	BERMS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3368391
668602752	FADED LABELING	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3368392
668602753	INCORRECT OPERATOR	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3368393
668602754	UNUSED EQUIPMENT	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3368394