

State of Colorado  
Oil and Gas Conservation Commission

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



Document Number:

400644410

Date Received:

07/15/2014

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

|   |                           |  |
|---|---------------------------|--|
| Name of Operator: <u>RENEGADE OIL &amp; GAS COMPANY LLC</u> | Operator No: <u>74165</u> | <b>Phone Numbers</b>                   |
| Address: <u>6155 S MAIN STREET #210</u>                     |                           | Phone: <u>(303) 680-4725</u>           |
| City: <u>AURORA</u> State: <u>CO</u> Zip: <u>80016</u>      |                           | Mobile: <u>(303) 829-2354</u>          |
| Contact Person: <u>Edward Ingve</u>                         |                           | Email: <u>ed@renegadeoilandgas.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400644410

Initial Report Date: 07/14/2014 Date of Discovery: 07/14/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 25 TWP 2S RNG 62W MERIDIAN 6

Latitude: 39.852960 Longitude: -104.279970

Municipality (if within municipal boundaries): \_\_\_\_\_ County: ADAMS

Reference Location:

Facility Type: FLOWLINE  Facility/Location ID No \_\_\_\_\_  
 No Existing Facility or Location ID No.  
 Well API No. (Only if the reference facility is well) 05-001-06523

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes  
*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

Were Five (5) barrels or more spilled? Yes

Estimated Total Spill Volume: use same ranges as others for values

|  |   |
|--|---|
| Estimated Oil Spill Volume(bbl): <u>&gt;=1 and &lt;5</u> | Estimated Condensate Spill Volume(bbl): <u>0</u>                    |
| Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>    | Estimated Produced Water Spill Volume(bbl): <u>&gt;=1 and &lt;5</u> |
| Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>    | Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>                |

Specify: \_\_\_\_\_

Land Use:

Current Land Use: OTHER Other(Specify): Well pad and lease road  
Weather Condition: Dry  
Surface Owner: FEE Other(Specify): Klausner Bros

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State  Residence/Occupied Structure  Livestock  Public Byway  Surface Water Supply Area   
As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

Found flowline leak at the elbow on the bottom of the riser at the well. The fitting was corroded. Spill was found by pumper on the morning of July 14, 2014 during his routine schedule. Pumper confirms no leaks from the previous day. Well was shut down and valves were closed. Produced fluid from the well had run from the well pad area and down the lease road 200-300 feet. No fluid was recoverable. Saturated soil was scrapped off and removed. Flowline was repaired and well was returned to production.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u>                  |
|-------------|---------------------|----------------|--------------|----------------------------------|
| 7/14/2014   | Adams County<br>LGD | Gordon Stevens | -            | emailed - no direct phone number |

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Edward Ingve

Title: Owner/Manager Date: 07/15/2014 Email: ed@renegadeoilandgas.com

### Attachment Check List

**Att Doc Num**      **Name**

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
|                    |             |

Total Attach: 0 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)