

**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:  
09/19/2014Document Number:  
671102228Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 203574      | 320379 | MONTOYA, JOHN   | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 74165Name 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 |
|-----------------|-------|----------------------------|---------|
| Condill, J.B.   |       | jbcrog@aol.com             |         |
| Helgeland, Gary |       | gary.helgeland@state.co.us |         |

**Compliance Summary:**QtrQtr: SWSW Sec: 19 Twp: 2S Range: 64W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/15/2007 | 200124016 | PR         | PR          | ACTION REQUIRED               |          |                | Yes             |
| 05/16/2002 | 200026506 | PR         | PR          | ACTION REQUIRED               |          | Fail           | Yes             |
| 01/21/1994 | 500133285 |            | SI          |                               |          | Fail           | Yes             |
| 12/06/1993 | 500133284 |            | SI          |                               |          |                |                 |
| 12/01/1993 | 500133283 |            | WO          |                               |          |                |                 |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 203574      | WELL | PR     | 12/01/2010  | GW         | 001-09134 | STARK 19-13 1 | PR          | <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**

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| BATTERY              | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: \_\_\_\_\_

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

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

| <b>Good Housekeeping:</b> |                              |   |                         |            |
|---------------------------|------------------------------|---|-------------------------|------------|
| Type                      | Satisfactory/Action Required | Comment                                 | Corrective Action       | CA Date    |
| TRASH                     | ACTION REQUIRED              | TRASH INSIDE TREATOR HOUSE              | REMOVE TRASH            | 10/17/2014 |
| UNUSED EQUIPMENT          | ACTION REQUIRED              | UNUSED PIPE AND SUCKER RODS ON LOCATION | REMOVE UNUSED EQUIPMENT | 10/17/2014 |

| <b>Spills:</b> |          |           |  |            |
|----------------|----------|-----------|--|------------|
| Type           | Area     | Volume    | Corrective action                              | CA Date    |
| Crude Oil      | WELLHEAD | <= 5 bbls | DIG UP SOILED DIRT AND REPLACE WITH CLEAN DIRT | 10/17/2014 |

☐ Multiple Spills and Releases?

| <b>Fencing/:</b> |                              |              |                   |         |
|------------------|------------------------------|--------------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment      | Corrective Action | CA Date |
| OTHER            | SATISFACTORY                 | PIG LAUNCHER |                   |         |

| <b>Equipment:</b>           |   |                              |         |                   |         |
|-----------------------------|---|------------------------------|---------|-------------------|---------|
| Type                        | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Horizontal Heated Separator | 1 | SATISFACTORY                 |         |                   |         |
| Pig Station                 | 1 | SATISFACTORY                 |         |                   |         |
| Deadman # & Marked          | 4 | SATISFACTORY                 |         |                   |         |
| Ancillary equipment         | 1 | SATISFACTORY                 |         |                   |         |
| Pump Jack                   | 1 | SATISFACTORY                 |         |                   |         |
| Gas Meter Run               | 1 | SATISFACTORY                 |         |                   |         |

|                        |                              |                                   |                     |                       |  |
|------------------------|------------------------------|-----------------------------------|---------------------|-----------------------|--|
| <b>Facilities:</b>     |                              | <input type="checkbox"/> New Tank |                     | Tank ID: _____        |  |
| Contents               | #                            | Capacity                          | Type                | SE GPS                |  |
| PRODUCED WATER         | 1                            | 200 BBLS                          | FIBERGLASS AST      | ,                     |  |
| S/A/V:                 | SATISFACTORY                 |                                   | Comment:            |                       |  |
| Corrective Action:     |                              |                                   |                     | Corrective Date:      |  |
| <u>Paint</u>           |                              |                                   |                     |                       |  |
| Condition              | Adequate                     |                                   |                     |                       |  |
| Other (Content) _____  |                              |                                   |                     |                       |  |
| Other (Capacity) _____ |                              |                                   |                     |                       |  |
| Other (Type) _____     |                              |                                   |                     |                       |  |
| <u>Berms</u>           |                              |                                   |                     |                       |  |
| Type                   | Capacity                     | Permeability (Wall)               | Permeability (Base) | Maintenance           |  |
| Earth                  | Adequate                     | Walls Sufficient                  | Base Sufficient     | Adequate              |  |
| Corrective Action      |                              |                                   |                     | Corrective Date       |  |
| Comment                |                              |                                   |                     |                       |  |
| <b>Facilities:</b>     |                              | <input type="checkbox"/> New Tank |                     | Tank ID: _____        |  |
| Contents               | #                            | Capacity                          | Type                | SE GPS                |  |
| CRUDE OIL              | 1                            | 400 BBLS                          | STEEL AST           | 39.514770,-104.358550 |  |
| S/A/V:                 | SATISFACTORY                 |                                   | Comment:            |                       |  |
| Corrective Action:     |                              |                                   |                     | Corrective Date:      |  |
| <u>Paint</u>           |                              |                                   |                     |                       |  |
| Condition              | Adequate                     |                                   |                     |                       |  |
| Other (Content) _____  |                              |                                   |                     |                       |  |
| Other (Capacity) _____ |                              |                                   |                     |                       |  |
| Other (Type) _____     |                              |                                   |                     |                       |  |
| <u>Berms</u>           |                              |                                   |                     |                       |  |
| Type                   | Capacity                     | Permeability (Wall)               | Permeability (Base) | Maintenance           |  |
| Earth                  | Adequate                     | Walls Sufficient                  | Base Sufficient     | Adequate              |  |
| Corrective Action      |                              |                                   |                     | Corrective Date       |  |
| Comment                |                              |                                   |                     |                       |  |
| <b>Venting:</b>        |                              |                                   |                     |                       |  |
| Yes/No                 |                              | Comment                           |                     |                       |  |
|                        |                              |                                   |                     |                       |  |
| <b>Flaring:</b>        |                              |                                   |                     |                       |  |
| Type                   | Satisfactory/Action Required | Comment                           | Corrective Action   | CA Date               |  |
|                        |                              |                                   |                     |                       |  |

**Predrill**

Location ID: 203574

**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: 203574 Type: WELL API Number: 001-09134 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**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? Pass 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? PassProduction areas have been stabilized? Pass Segregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**CroplandTop soil replaced Pass Recontoured Pass Perennial forage re-established PassNon-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Inspector Name: MONTOYA, JOHN

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

S/A/V: SATISFACTOR  
Y

Corrective Date:

Comment:

CA:

**Pits:** ☐ NO SURFACE INDICATION OF PIT