

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:

401162416

Date Received:

12/07/2016

FIR RESOLUTION FORM

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

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

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Bill Espinosa

3038294982

billespinosa30@yahoo.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 685501232

Inspection Date: 11/03/2016

FIR Submit Date: 11/03/2016

FIR Status: _____

Inspected Operator Information:

Company Name: RENEGADE OIL & GAS COMPANY LLC

Company Number: 74165

Address: 6155 S MAIN STREET #210

City: AURORA State: CO Zip: 80016

LOCATION - Location ID: 320014

Location Name: THORNBURG-63S63W Number: 24NWNW County: ADAMS

Qtrqr: NWN Sec: 24 Twp: 3S Range: 63W Meridian: 6

Latitude: 39.779780 Longitude: -104.393140

FACILITY - API Number: 05-001- -00 Facility ID: 202261

Facility Name: THORNBURG Number: 1-B

Qtrqr: NWN Sec: 24 Twp: 3S Range: 63W Meridian: 6

Latitude: 39.779780 Longitude: -104.393140

CORRECTIVE ACTIONS:

1 ☒ CA# 53867

Corrective Action: "Comply with Rule 603.f using the Rule 603.f guidance document for further details. "

Date: 12/08/2016

Response: CA COMPLETED

Date of Completion: 11/10/2016

Operator Comment: Please write CA# on inspection form

COGCC Decision: Approved

COGCC
Representative:

2 ☒ CA# 53868

Corrective Action: "Comply with Rule 603.f using the Rule 603.f guidance document for further details. "

Date: 12/08/2016

Response: CA COMPLETED

Date of Completion: 11/10/2016

Operator
Comment:

Please write CA# on inspection form

COGCC Decision: Approved

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Performed all CA

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

Print Name: Bill Espinosa

Signed: _____

Title: Field Supervisor

Date: 12/7/2016 10:22:00 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

401162416	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files