

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:
401423318
Date Received:
10/09/2017

FIR RESOLUTION FORM

CA Summary:
3 of 3 CAs from the FIR responded to on this Form
3 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
Espinosa, Bill		billespinosa30@yahoo.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 685503514
Inspection Date: 08/16/2017 FIR Submit Date: 08/16/2017 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: 319978

Location Name: THORNBURG-63S63W Number: 24NENW County:
Qtrqr: NENW Sec: 24 Twp: 3S Range: 63W Meridian: 6
Latitude: 39.779434 Longitude: -104.388605

FACILITY - API Number: 05-001-00 Facility ID: 319978

Facility Name: THORNBURG-63S63W Number: 24NENW
Qtrqr: NENW Sec: 24 Twp: 3S Range: 63W Meridian: 6
Latitude: 39.779434 Longitude: -104.388605

CORRECTIVE ACTIONS:

1 CA# 92483

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff. Date: 09/16/2017

Response: CA COMPLETED Date of Completion: 09/07/2017

Operator Comment: ca completed

COGCC Decision: Approved

COGCC Representative: did re-inspection

2 CA# 92484

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

Date: 09/16/2017

Response: CA COMPLETED

Date of Completion: 09/07/2017

Operator Comment: ca co,pleted

COGCC Decision: Approved

COGCC Representative:

3 CA# 92485

Corrective Action: PLUMB BRADENHEAD NEEDS PLUMBED TO SURFACE

Date: 09/16/2017

Response: CA COMPLETED

Date of Completion: 09/07/2017

Operator Comment: ca not applicable on this well

COGCC Decision: Approved

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: ca completed

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: 10/9/2017 1:05:42 PM

ATTACHMENT LIST

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

Document Number **Description**

401423318	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files