

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:

401831854

Date Received:

11/08/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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
<u>Espinosa Bill</u>	<u>(303) 829-4982</u>	<u>billespinosa30@yahoo.com</u>
<u>Gomez, Jason</u>		<u>jason.gomez@state.co.us</u>
<u>Gomez, Jason</u>		<u>jason.gomez@state.co.us</u>
<u>Ingvie, Ed</u>	<u>(303) 680-4725</u>	<u>ed@renegadeoilandgas.com</u>
<u>Ingvie, Ed</u>	<u>(303) 680-4725</u>	<u>ed@renegadeoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688400455

Inspection Date: 10/18/2018

FIR Submit Date: 10/18/2018

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: 320177

Location Name: WALKER ANN-62S62W Number: 29NWSW County: ADAMS

Qtrqr: NWS Sec: 29 Twp: 2S Range: 62W Meridian: 6  
W

Latitude: 39.845250 Longitude: -104.355350

FACILITY - API Number: 05-001- -00 Facility ID: 202912

Facility Name: WALKER ANN Number: 2

Qtrqr: NWS Sec: 29 Twp: 2S Range: 62W Meridian: 6  
W

Latitude: 39.845250 Longitude: -104.355350

CORRECTIVE ACTIONS:

1 CA# 119631

Corrective Action: Properly treat or dispose of oily waste in accordance with 907.e

Date: 11/19/2018

Response: CA COMPLETED

Date of Completion: 10/29/2018

Operator  
Comment: CA completed

COGCC Decision:

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: 11/8/2018 9:47:55 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files