

**FORM
INSP**

Rev
X/15

**State of Colorado
Oil and Gas Conservation Commission**

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



Inspection Date:

06/10/2019

Submitted Date:

06/19/2019

Document Number:

688304873

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
 320700 _____ Sherman, Susan _____ 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

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

Findings:

10 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE**

Contact Information:

Contact Name	Phone	Email	Comment
Condill, JB	303-680-4725	jbcrog@aol.com	All Inspections
Espinosa, Bill	(303) 829-4982	billespinosa30@yahoo.com	All Inspections
Ingve, Ed	303-829-2354	ed@renegadeoilandgas.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
204533	WELL	PR	03/10/2004	OW	005-06618	STATE-KOENIG 1	PR

General Comment:

[Annual Bradenhead Test Inspection. Tank battery not inspected.](#)

Location

Overall Good:

Signs/Marker:			
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	303-680-4725		
Corrective Action:		Date:	_____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No
 Comment: _____
 Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	livestock fence, in pasture		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:	can be seen at tank battery from well		
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

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Location Construction

Location ID: 204533 CDP: _____

Comment:

Corrective Action:

Date: _____

Form 2A COAs:

Comment: Form: (04)401675757 09/28/2018 1) Flaring of natural gas shall comply with COGCC Rule 912. 2) Metered flaring volumes must also be reported on the Operators Report of Monthly Operations, Form 7. 3) Until designated otherwise by CDPHE, this gas will be considered as gas coming from the separator. Therefore, the operator is required to obtain and maintain any required air permits from CDPHE for separator gas. 4) Operator will use an enclosed combustion device with a 98% design destruction efficiency for hydrocarbons. Wells are to be managed so that production volumes do not exceed combustor capacity. 5) Provide the local emergency dispatch or the local governmental designee prior notice of natural gas flaring by supplying them with the approved Sundry Notice and all attachments. If any changes are made regarding this Sundry or the flaring protocol, local government designee and emergency dispatch are to be notified prior to flaring when flaring can be reasonably anticipated, or as so

Corrective Action:

Date: _____

Wildlife BMPs:

Comment:

Corrective Action:

Date: _____

Comment:

Corrective Action:

Date: _____

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:

Inspected FacilitiesFacility ID: 204533 Type: WELL API Number: 005-06618 Status: PR Insp. Status: PR**Producing Well**Comment: [PR. Mar 2019 production reported to COGCC database. Form 4 VENT_FLARE is approved.](#)

Corrective Action:

Date:

BradenHeadComment: [Annual Bradenhead head test completed. Form 17 is attached.](#)

Corrective Action:

Date: _____

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
688304927	Renegade State-Koenig 1 Form 17 page 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854997
688304928	Renegade State-Koenig 1 Form 17 page 2	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854998
688304929	Renegade State-Koenig 1 well sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854999
688304930	Renegade State-Koenig 1 pumping unit	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4855000
688304931	Renegade State-Koenig 1 wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4855001