

**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:

06/26/2019

Submitted Date:

07/03/2019

Document Number:

688305046

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
320690 _____ 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 |
|----------------|----------------|--------------------------|---------------------------------|
| Ingve, Ed | 303-829-2354 | ed@renegadeoilandgas.com | All Inspections |
| Espinosa, Bill | (303) 829-4982 | billespinosa30@yahoo.com | All Inspections |
| Condill, JB | 303-680-4725 | jbcrog@aol.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------------|-------------|
| 204473 | WELL | PR | 12/01/2010 | OW | 005-06558 | CHAMPLIN 126 AMOCO B 6 | PR |

General Comment:

[Bradenhead Test Inspection](#)

Location

Overall Good:

Signs/Marker:

| | | | |
|--------------------|----------|-------|--|
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

| | | | |
|--------------------|--------------|-------|--|
| Comment: | 303-680-4725 | Date: | |
| Corrective Action: | | | |

Overall Good:

Spills:

| Type | Area | Volume | | |
|------|------|--------|--|--|
| | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

| | | | |
|--------------------|--------------|-------|--|
| Type | WELLHEAD | | |
| Comment: | steel panels | | |
| Corrective Action: | | Date: | |

Equipment:

| Type | # | corrective date |
|--------------------|----------|-----------------|
| Bradenhead | # 1 | |
| Comment: | | |
| Corrective Action: | | Date: |
| Prime Mover | # 1 | |
| Comment: | electric | |
| Corrective Action: | | Date: |
| Pump Jack | # 1 | |
| Comment: | | |
| Corrective Action: | | Date: |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|---------------------|---------|--------|
| | | | CENTRALIZED BATTERY | | , |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |

Paint

| | |
|------------------|----------------------|
| Condition | <input type="text"/> |
| Other (Content) | |
| Other (Capacity) | |
| Other (Type) | |

| Berms | | | | |
|--------------------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

| Venting: | | | |
|--------------------|--|--|-------|
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | | |
| | | | Date: |

| Flaring: | | | |
|--------------------|--|--|-------|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | | |
| | | | Date: |

Location Construction

Location ID: 204473 CDP: _____

Comment:

Corrective Action: Date: _____

Form 2A COAs:

Comment: No COAs.

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 Facilities

Facility ID: 204473 Type: WELL API Number: 005-06558 Status: PR Insp. Status: PR

Producing Well

Comment: PR. Apr 2019 production reported to COGCC database.

Corrective Action:

Date:

BradenHead

Comment: Bradenhead dead, tubing 19 psi, casing 20 psi. Form 17 is attached.

Corrective Action:

Date:

Attached Documents

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

| Document Num | Description | URL |
|--------------|--|---|
| 688305154 | Renegade Champlin 126 Amoco B 6 well sign | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4869243 |
| 688305155 | Renegade Champlin 126 Amoco B 6 well | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4869244 |
| 688305156 | Renegade Champlin 126 Amoco B 6 wellhead | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4869245 |
| 688305157 | Renegade Champlin 126 Amoco B 6 Form 17 page 1 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4869246 |
| 688305158 | Renegade Champlin 126 Amoco B 6 Form 17 page 2 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4869247 |