

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:

402780625

Date Received:

08/15/2021

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 #225

City: AURORA State: CO Zip: 80016

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

Espinosa, Bill

303-829-4982

billespinosa30@yahoo.com

Ingve, Ed

303-829-2354

ed@renegadeoilandgas.com

Condill, JB

303-680-4725

jbcrog@aol.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688310922

Inspection Date: 07/22/2021

FIR Submit Date: 08/01/2021

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: RENEGADE OIL & GAS COMPANY LLC

Company Number: 74165

Address: 6155 S MAIN STREET #225

City: AURORA State: CO Zip: 80016

LOCATION - Location ID: 322180

Location Name: NORDMAN ESTATE-66S64W Number: 10SWNE County: ELBERT

Qtrqr: SWNE Sec: 10 Twp: 6S Range: 64W Meridian: 6

Latitude: 39.544310 Longitude: -104.539040

FACILITY - API Number: 05-039- -00 Facility ID: 209572

Facility Name: NORDMAN ESTATE Number: 10-7

Qtrqr: SWNE Sec: 10 Twp: 6S Range: 64W Meridian: 6

Latitude: 39.544310 Longitude: -104.539040

CORRECTIVE ACTIONS:

1 CA# 154370

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e. Remove or remediate stained soils at wellhead.

Date: 08/16/2021

Response: CA COMPLETED

Date of Completion: 08/12/2021

Stuffing box rubbers replaced. Stained soil addressed. See attached photo.

Operator  
Comment:

COGCC Decision:

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Required corrective action completed in advance of well mitigation work being performed for a horizontal well offset completion.

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

Print Name: Edward Ingve

Signed:

Title: Manager/Owner

Date: 8/15/2021 2:25:35 PM

**ATTACHMENT LIST**

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

<u>Document Number</u>	<u>Description</u>
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402780626	Stuffing box leak repaired and cleaned up
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Total Attach: 1 Files