

**FORM  
INSP**Rev  
X/20**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:

03/18/2024

Submitted Date:

03/26/2024

Document Number:

700902020**FIELD INSPECTION FORM**Loc ID 319860 Inspector Name: Finkenbinder, Chane On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 74165Name of Operator: RENEGADE OIL & GAS COMPANY LLCAddress: 6155 S MAIN STREET #225City: AURORA State: CO Zip: 80016**Status Summary:**

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

**Findings:**8 Number of Comments0 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                         |
|----------------|----------------|--------------------------|---------------------------------|
| Espinosa, Bill |                | billespinosa30@yahoo.com | <a href="#">Inspections</a>     |
| Ingvie, Ed     | (303) 680-4725 | ed@renegadeoilandgas.com | <a href="#">All Inspections</a> |
| Condill, J.B.  | (303) 680-4725 | jbcrog@aol.com           | <a href="#">All Inspections</a> |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 201631      | WELL | SI     | 06/01/2018  | GW         | 001-07034 | SMITH 20-4    | SI          |

**General Comment:**[Routine inspection](#)

|  |          |          |           |         |                       |
|--|----------|----------|-----------|---------|-----------------------|
| Location   |          |          |           |         |                       |
| Overall Good: <input checked="" type="checkbox"/>      |          |          |           |         |                       |
| Emergency Contact Number:                              |          |          |           |         |                       |
| Comment:   |          | Adequate |           |         |                       |
| Corrective Action:                                     |          |          |           |         | Date: _____           |
| Overall Good: <input checked="" type="checkbox"/>      |          |          |           |         |                       |
| Spills:  |          |          |           |         |                       |
| Type   | Area     | Volume   |           |         |                       |
| In Containment: No                                     |          |          |           |         |                       |
| Comment:   |          |          |           |         |                       |
| <input type="checkbox"/> Multiple Spills and Releases? |          |          |           |         |                       |
| Equipment:   |          |          |           |         | corrective date       |
| Type: Horizontal Heated Separator                      |          | # 1      |           |         |                       |
| Comment:   |          |          |           |         |                       |
| Corrective Action:                                     |          |          |           |         | Date:                 |
| Type: Ancillary equipment                              |          | # 1      |           |         |                       |
| Comment:   |          |          |           |         |                       |
| Corrective Action:                                     |          |          |           |         | Date:                 |
| Type: Deadman # & Marked                               |          | # 4      |           |         |                       |
| Comment:   |          |          |           |         |                       |
| Corrective Action:                                     |          |          |           |         | Date:                 |
| Type: Bradenhead                                       |          | # 1      |           |         |                       |
| Comment:   |          |          |           |         |                       |
| Corrective Action:                                     |          |          |           |         | Date:                 |
| Type: Pump Jack  |          | # 1      |           |         |                       |
| Comment:   |          |          |           |         |                       |
| Corrective Action:                                     |          |          |           |         | Date:                 |
| Type: Bird Protectors                                  |          | # 1      |           |         |                       |
| Comment:   |          |          |           |         |                       |
| Corrective Action:                                     |          |          |           |         | Date:                 |
| Tanks and Berms:                                       |          |          |           |         |                       |
| Contents   | #        | Capacity | Type      | Tank ID | SE GPS                |
| CRUDE OIL  | 1        | 400 BBLs | STEEL AST |         | 39.869757,-104.581225 |
| Comment:   |          |          |           |         |                       |
| Corrective Action:                                     |          |          |           |         | Date:                 |
| Paint  |          |          |           |         |                       |
| Condition  | Adequate |          |           |         |                       |
| Other (Content)  |          |          |           |         |                       |
| Other (Capacity)                                       |          |          |           |         |                       |

|   |          |                     |                     |             |        |  |
|---|----------|---------------------|---------------------|-------------|--------|--|
| Other (Type)                            |          |                     |                     |             |        |  |
| <b>Berms</b>                            |          |                     |                     |             |        |  |
| Type                                    | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |        |  |
| Earth                                   | Adequate | Walls Sufficent     | Base Sufficent      | Adequate    |        |  |
| Comment:                                |          |                     |                     |             |        |  |
| Corrective Action:                      |          |                     |                     |             | Date:  |  |
| Contents                                | #        | Capacity            | Type                | Tank ID     | SE GPS |  |
| PRODUCED WATER                          | 1        | 400 BBLs            | STEEL AST           |             | ,      |  |
| Comment:                                |          |                     |                     |             |        |  |
| Corrective Action:                      |          |                     |                     |             | Date:  |  |
| <b>Paint</b>                            |          |                     |                     |             |        |  |
| Condition                               | Adequate |                     |                     |             |        |  |
| Other (Content)                         |          |                     |                     |             |        |  |
| Other (Capacity)                        |          |                     |                     |             |        |  |
| Other (Type)                            |          |                     |                     |             |        |  |
| <b>Berms</b>                            |          |                     |                     |             |        |  |
| Type                                    | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |        |  |
| Earth                                   | Adequate | Walls Sufficent     | Base Sufficent      | Adequate    |        |  |
| Comment:                                |          |                     |                     |             |        |  |
| Corrective Action:                      |          |                     |                     |             | Date:  |  |
| <b>Wells Served By Facilities Above</b> |          |                     |                     |             |        |  |
| API Number                              |          | API Number          |                     | AirsID      |        |  |
| 001-07034                               |          |                     |                     |             |        |  |
| <b>Venting:</b>                         |          |                     |                     |             |        |  |
| Yes/No                                  | NO       |                     |                     |             |        |  |
| Comment:                                |          |                     |                     |             |        |  |
| Corrective Action:                      |          |                     |                     |             | Date:  |  |
| <b>Flaring:</b>                         |          |                     |                     |             |        |  |
| Type                                    |          |                     |                     |             |        |  |
| Comment:                                |          |                     |                     |             |        |  |
| Corrective Action:                      |          |                     |                     |             | Date:  |  |

Inspected Facilities

Facility ID: 201631

Type: WELL

API Number: 001-07034

Status: SI

Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder:

Comment: SI

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 11/05/2023

Annual Brhd Completed?

Last Brhd Test Results

Initial Surf Csg Pressure: 1

Fluid Type: NONE

End Surf Csg Pressure: 0

Comment: Appeared to be plumbed to surface

Corrective Action:

Date:

COGCC Comments

| Comment            | User     | Date       |
|--------------------|----------|------------|
| Routine Inspection | finkenbc | 03/26/2024 |

Attached Documents

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

| Document Num | Description       | URL   |
|--------------|-------------------|---|
| 700902021    | Inspection photos | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6491635">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6491635</a> |