

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:

402115006

Date Received:

07/19/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Bill Espinosa

(303) 829-4982

billespinosa30@yahoo.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 685101241

Inspection Date: 06/27/2019

FIR Submit Date: 06/28/2019

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: 320395

Location Name: STATE OF COLORADO C-62S64W Number: 16NENE County: ADAMS

Qtrqtr: NENE Sec: 16 Twp: 2S Range: 64W Meridian: 6

Latitude: 39.882420 Longitude: -104.548170

FACILITY - API Number: 05-001-00 Facility ID: 203634

Facility Name: STATE OF COLORADO C Number: 5

Qtrqtr: NENE Sec: 16 Twp: 2S Range: 64W Meridian: 6

Latitude: 39.882420 Longitude: -104.548170

CORRECTIVE ACTIONS:

1 CA# 126503

Corrective Action: Location is within a designated setback location, bullplug or cap all loadlines per Rule 604.c.(2)O.

Date: 07/28/2019

Response: CA COMPLETED

Date of Completion: 07/12/2019

Operator Comment: All CA Completed

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**2** CA# 126504

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

Date: 07/28/2019

Response: CA COMPLETED

Date of Completion: 07/12/2019

Operator  
Comment:

All CA completed

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: All 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: 7/19/2019 8:25:33 AM

**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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Total Attach: 0 Files