

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 #225
City: AURORA State: CO Zip: 80016

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Bill Espinosa</u>	<u>(303) 829-4982</u>	<u>billespinosa30@yahoo.com</u>

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: Approved

COGCC Representative:

[Empty text box for COGCC Representative]

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: Approved

COGCC Representative:

[Empty text box for COGCC Representative]

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>
402115006	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files