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Document Number:
2566723

Date Received:
05/13/2011

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 74165 4. Contact Name: ED INGVE
 2. Name of Operator: RENEGADE OIL & GAS COMPANY LLC Phone: (303) 680-4725
 3. Address: P O BOX 460413 Fax: (303) 680-4907
 City: AURORA State: CO Zip: 80046-

5. API Number 05-005-06921-00 6. County: ARAPAHOE
 7. Well Name: SCHROTH-UPRR Well Number: 22-21
 8. Location: QtrQtr: SENW Section: 21 Township: 5S Range: 62W Meridian: 6
 Footage at surface: Distance: 1920 feet Direction: FNL Distance: 2040 feet Direction: FWL
 As Drilled Latitude: 39.602670 As Drilled Longitude: -104.335060

GPS Data:
 Date of Measurement: 09/29/2010 PDOP Reading: 2.7 GPS Instrument Operator's Name: KEITH WESTFALL

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: PRONGHORN 10. Field Number: 70650
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/02/1985 13. Date TD: 05/09/1985 14. Date Casing Set or D&A: 05/11/1985

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7580 TVD** _____ 17 Plug Back Total Depth MD 7524 TVD** _____

18. Elevations GR 5660 KB 5672 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL

20. Casing, Liner and Cement:

CASING									
Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	225	200	0	225	CALC
1ST	7+7/8	4+1/2	11.6	0	7,580	150	6,950	7,580	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	1ST	1,503	200	865	1,535
	1ST	830	175	0	845
	1ST	1,585	325	1,565	1,630
	1ST	1,925		1,910	2,270
	1ST	4,625	300		

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA-FT HAYS	6,972		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,004		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,080		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	7,282		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,371	7,388	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,410	7,482	<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	7,482		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5 FILLED PER REQUEST OF BOB KOEHLER OF COGCC TO REFLECT CASING REPAIR OPERATIONS FO 10/2008-12/2008 SEE SUNDRY NOTICE-DOCUMENT #1771285 FOR DETAILED REPORT AND CEMENT VERIFICATION.

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

Signed: _____ Print Name: EDWARD INGVE

Title: OWNER/MANAGER Date: 5/11/2011 Email: JBCROG@AOL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2566723	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REQ CBL 2011 DIGITAL LOG	8/1/2011 10:44:59 AM

Total: 1 comment(s)