

**FORM**  
**5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

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 &amp; 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&amp;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)