

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400402751

Date Received:

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
2. Name of Operator: RENEGADE OIL & GAS COMPANY LLC
3. Address: 6155 S MAIN STREET #210
City: AURORA State: CO Zip: 80016
4. Contact Name: Edward Ingve
Phone: (303) 680-4725
Fax: (303) 680-4907

5. API Number 05-123-10497-00
6. County: WELD
7. Well Name: STRAWDER Well Number: 1
8. Location: QtrQtr: NESW Section: 28 Township: 1N Range: 65W Meridian: 6
Footage at surface: Distance: 1590 feet Direction: FSL Distance: 1600 feet Direction: FWL
As Drilled Latitude: 40.019470 As Drilled Longitude: -104.672790

GPS Data:

Date of Measurement: 04/28/2010 PDOP Reading: 2.1 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: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/09/1981 13. Date TD: 12/21/1981 14. Date Casing Set or D&A: 12/23/1981

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5068 KB 5078

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:

Dual Induction, CNL/FDC, Cement Bond (2)

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	205	200	0	205	VISU
1ST	7+7/8	4+1/2	11.6#	0	8,064	450	6,585	8,064	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/01/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	1,600	334	0	1,800

Details of work:

Ran 1" down to 1600'. Pump 133 sx Lite cement - lost circulation. Pull on 1" - parted at 500'. Ran extra 1" to 1100'. Pump 201 sx Lite cement - circulated cement to surface. Pull 1". Bradenhead cement work was witnessed by Jim Precup and Mike Hickey of COGCC.

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	
SHANNON	4,884	4,910	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,064	7,352	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good gas blow. Recovered 3727' gas in pipe and 660' gas cut mud.
TIMPAS	7,458	7,474	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,460	7,470	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,836	7,846	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,884	7,936	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: _____ Email: ed@renegadeoilandgas.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)