

FORM
5Rev
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:

400498654

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

4. Contact Name: Edward Ingve

2. Name of Operator: RENEGADE OIL & GAS COMPANY LLC

Phone: (303) 680-4725

3. Address: 6155 S MAIN STREET #210

Fax: (303) 680-4907

City: AURORA State: CO Zip: 80016

5. API Number 05-005-07144-00

6. County: ARAPAHOE

7. Well Name: Par State 28-14

Well Number: #2

8. Location: QtrQtr: SESW Section: 28 Township: 5s Range: 64w Meridian: 6

Footage at surface: Distance: 695 feet Direction: FSL Distance: 2082 feet Direction: FWL

As Drilled Latitude: 39.581460 As Drilled Longitude: -104.559850

GPS Data:

Date of Measurement: 12/29/2009 PDOP Reading: 2.5 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: BRAVE

10. Field Number: 7515

11. Federal, Indian or State Lease Number: 80/5508-S

12. Spud Date: (when the 1st bit hit the dirt) 08/07/2009 13. Date TD: 08/15/2009 14. Date Casing Set or D&A: 08/16/2009

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8600 TVD** 17 Plug Back Total Depth MD 8551 TVD**

18. Elevations GR 5987 KB 6000

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-SP-GR, Compensated Density/Neutron-Microlog, Cement Bond-CCL-GR

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 | 443 | 320 | 0 | 443 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 8,570 | 225 | 7,290 | 8,570 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/16/2009

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | 1ST | 2,351 | 375 | 630 | 2,351 |
| 1 INCH | 1ST | 630 | 75 | 330 | 630 |

Details of work:

One inch topside job performed on 10/16/09. Full circulation maintained for entire 75 sacks. Cement top of 330' was calculated.

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 | |
| FOX HILLS | 1,881 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 5,253 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,662 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,930 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,962 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| X BENTONITE | 8,235 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| D SAND | 8,324 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| J SAND | 8,378 | | <input type="checkbox"/> | <input checked="" 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 ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400499558 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400499572 | Core Analysis | Yes | <input checked="" type="checkbox"/> | No | <input 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)