

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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
Email: JBCROG@AOL.COM

5. API Number 05-005-07156-00
6. County: ARAPAHOE
7. Well Name: STATE
Well Number: 4
8. Location: QtrQtr: SESW Section: 36 Township: 4S Range: 58W Meridian: 6
9. Field Name: ROUGHNECK Field Code: 74870

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 11/15/2011 End Date: 11/15/2011 Date of First Production this formation: 11/15/2011
Perforations Top: 5449 Bottom: 5456 No. Holes: 28 Hole size: 40/100

Provide a brief summary of the formation treatment:

Open Hole: []

500 GALLONS 7.5% HCL ACID WITH ADDITIVES. SQUEEZED INTO FORMATION AT 2500 PSI - BREAKDOWN TO 1250 PSI AND 1.9 BPM. FLUSH WITH TOTAL OF 36 BBLS TREATED WATER.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/03/2011 Hours: 24 Bbl oil: 14 Mcf Gas: 0 Bbl H2O: 75
Calculated 24 hour rate: Bbl oil: 14 Mcf Gas: 0 Bbl H2O: 75 GOR: 0
Test Method: PUMPING Casing PSI: Tubing PSI: 45 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 35
Tubing Size: 2 + 7/5 Tubing Setting Depth: 5506 Tbg setting date: 11/17/2011 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

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: MANAGER/OWNER Date: 12/6/2011 Email JBCROG@AOL.COM
:

Attachment Check List

Att Doc Num **Name**

| | |
|---------|-------------------|
| 2287791 | FORM 5A SUBMITTED |
|---------|-------------------|

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|------------------------------------|----------------------------|
| Permit | Form 10 submitted. | 12/26/2013 1:47:57 PM |
| Permit | No form 10 on file, requested one. | 5/21/2013 12:33:08 PM |

Total: 2 comment(s)