

FORM
5A

Rev
06/12

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:

2287791

Date Received:

03/02/2012

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 ☒ No

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

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)