

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



Table with columns DE, ET, OE, ES

Document Number: 400535819 Date Received: 01/08/2014

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: Ed Ingve Phone: (303) 680-4725 Fax: (303) 680-4907 Email: ed@renegadeoilandgas.com

5. API Number 05-005-07168-00 6. County: ARAPAHOE 7. Well Name: BIRD STATE Well Number: 32-8 8. Location: QtrQtr: SENE Section: 32 Township: 5S Range: 64W Meridian: 6 9. Field Name: BRAVE Field Code: 7515

Completed Interval

FORMATION: D & J SAND Status: COMMINGLED Treatment Type: Treatment Date: End Date: Date of First Production this formation: 02/02/2012 Perforations Top: 8473 Bottom: 8566 No. Holes: 88 Hole size: 40/100 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 03/07/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 38 Bbl H2O: 20 Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 38 Bbl H2O: 20 GOR: 1900 Test Method: PUMPING Casing PSI: 35 Tubing PSI: 35 Choke Size: Gas Disposition: SOLD Gas Type: WET Btu Gas: 1439 API Gravity Oil: 40 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8623 Tbg setting date: 01/31/2012 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.

FORMATION: D SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/12/2011 End Date: 08/12/2011 Date of First Production this formation: 08/16/2011

Perforations Top: 8473 Bottom: 8504 No. Holes: 44 Hole size: 40/100

Provide a brief summary of the formation treatment: _____ Open Hole:

D Sand perms: 8473'-8476'-4JSPF, 8488'-8504'-2JSPF. Both zones fracture stimulated with 1188 bbls crosslinked 7% KCl water containing 82,080# 20/40 sand and 18,000# 16/30 interprop. Treatment down casing at average 26 BPM and 4400 psi. Flush job with 132 bbls 7% KCl water. ISIP-4750#. 5 min.-3360#. 10 min.-2800#. 15 min.-2715#.

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: 08/26/2011 Hours: 9 Bbl oil: 22 Mcf Gas: 0 Bbl H2O: 53

Calculated 24 hour rate: Bbl oil: 59 Mcf Gas: 0 Bbl H2O: 141 GOR: 0

Test Method: SWAB Casing PSI: 480 Tubing PSI: _____ Choke Size: _____

Gas Disposition: VENTED Gas Type: WET Btu Gas: 0 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8415 Tbg setting date: 08/19/2011 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.

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/02/2011 End Date: 08/02/2011 Date of First Production this formation: 08/08/2011

Perforations Top: 8528 Bottom: 8566 No. Holes: 44 Hole size: 40/100

Provide a brief summary of the formation treatment: _____ Open Hole:

J Sand perms: 8528'-8533'-4JSPF & 8542'-8566'-1JSPF. Both zones fracture stimulated together with 2147 bbls crosslinked water and 200,120# 20/40 sand down casing at average 35 BPM and 2800 psi. Flush with 134 bbls treated water. ISIP-2520#. 5 min.-1910#. 10 min.-1770#. 15 min.-1690#.

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: 08/15/2011 Hours: 10 Bbl oil: 21 Mcf Gas: 0 Bbl H2O: 85

Calculated 24 hour rate: Bbl oil: 50 Mcf Gas: 0 Bbl H2O: 204 GOR: 0

Test Method: SWAB Casing PSI: 760 Tubing PSI: _____ Choke Size: _____

Gas Disposition: VENTED Gas Type: WET Btu Gas: 0 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8508 Tbg setting date: 08/08/2011 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: _____

New Form 5A filled to replace paper form submitted in 2012. Also replaces electronic Form 5A created by staff of COGCC.

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: 1/8/2014 Email: ed@renegadeoilandgas.com

Attachment Check List

Att Doc Num	Name
400535819	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)