

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



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Document Number:

400819581

Date Received:

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	4. Contact Name: Ed 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	Email: ed@renegadeoilandgas.com

5. API Number 05-039-06375-00	6. County: ELBERT
7. Well Name: MILLER	Well Number: 6-11
8. Location: QtrQtr: NESW Section: 6 Township: 6S Range: 62W Meridian: 6	
9. Field Name: COMANCHE CREEK	Field Code: 11627

## Completed Interval

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

Treatment Date: 06/21/2012 End Date: 06/21/2012 Date of First Production this formation: 09/05/1981  
Perforations Top: 7547 Bottom: 7557 No. Holes: 80 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Refracture stimulate D Sand formation perforations from 7547'-7557' with 934 barrels crosslinked 6% KCl gel containing 62,820# 20/40 Ottawa sand and 9,220# 20/40 Interprop down 2 7/8" N-80 frac string with packer at 7121'. Average treating rate - 19.5 BPM. Average treating pressure - 5600 psi. Was only able to pump 16 barrels out of 48 barrels flush prior to pressuring out. ISIP - 6954 psi. 5 min - 4950 psi. 10 min - 5000 psi. 15 min - 5073 psi. No pressure was observed on the annulus or surface casing. Annulus was loaded prior to the job.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 934

Max pressure during treatment (psi): 8240

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.60

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.82

Total acid used in treatment (bbl):

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 934

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 72040

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PRESSURE

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
Test Method: Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:  
Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

Form 5A being filed to report a refracture stimulation treatment performed on 6/21/12. Well sustained mud damage after a casing leak in 2008 and despite several acid/breakdown treatments has not produced at pre casing leak numbers. No new potential test was taken as no new formation has been tested. Well has been returned to production at still less than pre casing leak rates.

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	Name
400820066	OPERATIONS SUMMARY

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)