

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:

400822081

Date Received:

04/10/2015

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 05-005-06682-00

7. Well Name: MICHELL

8. Location: QtrQtr: SWNE Section: 32 Township: 4S Range: 62W Meridian: 6

9. Field Name: DRAGOON Field Code: 18850

6. County: ARAPAHOE

Well Number: 1

Completed Interval

FORMATION: D SAND

Status: PRODUCING

Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/26/2013

End Date: 11/26/2013

Date of First Production this formation: 02/12/1975

Perforations Top: 7388

Bottom: 7402

No. Holes: 79

Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Refracture stimulated D Sand formation in well with 868 barrels crosslinked 5% KCl fluid containing 50,080# 20/40 white sand down 2 7/8" N-80 tubing with packer set at 6995'. Average treatment rate - 19 BPM. Average treatment pressure - 5000 psi. Toward the end of the job (4 ppg stage) flush was called early as pressure indicated a screenout was imminent. With 26 barrels of a 47 barrel flush pumped at 7600 psi a tubing failure occurred. Pressure was relieved and frac string and packer were pulled. A split in the 10th joint from surface was discovered.

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

Total fluid used in treatment (bbl): 868

Max pressure during treatment (psi): 7600

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.58

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.74

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): 868

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 50080

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 filed to reflect a refracture treatment performed on the existing D Sand perforations in the well. No initial production data is required.

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: 4/10/2015

Email ed@renegadeoilandgas.com

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Attachment Check List

Att Doc Num **Name**

400822081 FORM 5A SUBMITTED

400823506 OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)