

FORM
5
Rev
09/14

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:
400838560

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: <u>74165</u>	Contact Name: <u>Edward Ingve</u>
Name of Operator: <u>RENEGADE OIL & GAS COMPANY LLC</u>	Phone: <u>(303) 680-4725</u>
Address: <u>6155 S MAIN STREET #210</u>	Fax: <u>(303) 680-4907</u>
City: <u>AURORA</u> State: <u>CO</u> Zip: <u>80016</u>	

API Number <u>05-011-06083-00</u>	County: <u>BENT</u>
Well Name: <u>MCCLINTOCK</u>	Well Number: <u>1</u>
Location: QtrQtr: <u>NWNE</u> Section: <u>36</u> Township: <u>22S</u> Range: <u>48W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>660</u> feet Direction: <u>FNL</u> Distance: <u>1980</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>38.097996</u> As Drilled Longitude: <u>-102.748565</u>	

GPS Data:
Date of Measurement: 03/12/2009 PDOP Reading: 1.9 GPS Instrument Operator's Name: Burt West

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
Sec: _____ Twp: _____ Rng: _____

Field Name: BETA Field Number: 6300
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/17/1979 Date TD: 01/29/1979 Date Casing Set or D&A: _____
Rig Release Date: 01/30/1979 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 4723 TVD** _____ Plug Back Total Depth MD 4680 TVD** _____

Elevations GR 3705 KB 3715 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Induction-Laterolog-SP (1/29/79) previously submitted; FDC-CNL-GR (1/29/79) previously submitted; CBL (12/2/13) pre casing changeout-included; Radial CBL (5/19/14) post casing changeout-included

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	383	250	0	383	VISU
1ST	7+7/8	4+1/2	10.5	0	4,723	170	3,970	4,723	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/15/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	S.C. 1.1	3,960	225	2,845	3,945
DV TOOL	S.C. 1.2	2,727	525	320	2,735
SQUEEZE	1ST	3,960	75		

Details of work:

The initial portion of the workover had extracted the top 3925' of very bad casing from the well. New casing with a casing patch was run. The remaining older pipe was latched onto. Squeeze holes at 3960' had been previously been shot. Latch down insert was run one joint above patch. Mix and pumped 175 sacks 60/40 poz with 8% gel and 1/4# Floseal followed by 50 sacks Class A common cement. Launched plug and displaced cement. Bump plug and float held. DV tool at 2727' was opened and 525 sacks 60/40 poz with 8% gel and 1/4# Floseal was mixed and pumped. Plug was launched and cement was displaced. Landed plug and float held. Circulated 10 bbls cement to pit. After CBL was run casing was tested and found that squeeze holes shot at 3960' were leaking. CBL indicated no cement over a very small section. On 5/21/14 those squeeze perforations were squeezed with 75 sacks Class A common cement down tubing utilizing a packer. State MIT was conducted on 5/27/14 and found casing integrity had been established.

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

Workover operations were initiated to repair suspected bad casing. As a result of the workover the top 3925' of 4 1/2" casing was removed and replaced. Cementing operations were initiated and close to the entire open hole section of casing has now been cemented. The casing removed from the well was in horrible shape with large intervals being heavily corroded out. Other sections had multiple holes.

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	Document Name	attached ?	
Attachment Checklist			
400838596	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400838561	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400838602	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400838605	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)