

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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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
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: ed@renegadeoilandgas.com

5. API Number 05-001-06785-00
6. County: ADAMS
7. Well Name: PUGH
Well Number: 20-7
8. Location: QtrQtr: SWNE Section: 20 Township: 2S Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 05/08/2009 End Date: 05/08/2009 Date of First Production this formation: 03/04/1974
Perforations Top: 8014 Bottom: 8067 No. Holes: 120 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Fracture treat J Sand perforations down 2 7/8" frac string with 595 barrels cross linked water at average 18 BPM and 4600 psi containing 41,080# 20/40 Ottawa sand and 9,200# 16/30 Versaprop. Flush well with 51 barrels slick water at 16 BPM and 4000 psi. Packer set at 7494'. ISIP-1982#. 5 min-1556#. 10 min-1394#. 15 min-1221#. 20 min-1033#. 25 min-840#. 45 min-vacuum.

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

Total fluid used in treatment (bbl): 646 Max pressure during treatment (psi): 4963

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.69

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): 646 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 50280 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 is being filed for the Pugh 20-7 at the request of Diana Burn of the COGCC to reflect various work performed on the well since completion in 1974. Some work was reflected in earlier filed sundries but not in the COGCC computer record. Most work has not been reported.

In 2/1982 Sohio Petroleum perforated additional J Sand interval from 8049'-8052' & 8062'-8066' w/4SPF (36 holes)

In 10/2000 Sovereign Energy perforated/reperforated J Sand from 8016'-8024', 8038'-8041', 8052'-8058' & 8062'-8067' w/4SPF (88 holes)

In 5/2001 Renegade Oil and Gas recovered tubing fish and returned well to production. Later performed 500 gallon 15% HCl acid dump.

In 7/2003 Renegade Oil and Gas acidized J Sand with 1500 gallons HCl down tubing under packer. Pumped 164 barrels treated water at 5 BPM and 2200#.

In 3/2006 Renegade Oil and Gas reperforated J Sand interval from 8014'-8024' w/4SPF (40 holes)

In 5/2009 Renegade Oil and Gas fracture stimulated J Sand with 646 gelled water and 41,080# 20/40 sand & 9,200# 16/30 Versaprop

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 _____

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400938510	OPERATIONS SUMMARY
400938517	OPERATIONS SUMMARY
400938519	OPERATIONS SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)