

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



Document Number:

2320734

Date Received:

06/05/2013

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

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

API Number 05-001-06121-00 County: ADAMS
Well Name: HALVERSON Well Number: 20-13
Location: QtrQtr: SWSW Section: 20 Township: 2S Range: 64W Meridian: 6
Footage at surface: Distance: 656 feet Direction: FSL Distance: 652 feet Direction: FWL
As Drilled Latitude: 39.857200 As Drilled Longitude: -104.581070

GPS Data:
Date of Measurement: 05/05/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: KEITH WESTFALL

** 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: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/12/1970 Date TD: 04/24/2012 Date Casing Set or D&A: 04/25/2012
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 8141 TVD** Plug Back Total Depth MD 8105 TVD**
Elevations GR 5336 KB 5342 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
INDUCTION-ELECTRICAL & COMPENSATED FORMATION DENSITY (2/25/70), CBL (4 DIFFERENT RUNS)

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		0	253	200	0	253	CALC
1ST	7+7/8	4+1/2		0	8,121	275	7,900	8,121	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST	1,700	400	1,700	1,700
	1ST	7,845	420	6,975	7,845
	1ST	1,430	100	1,200	1,475
	1ST	1,630	75	1,650	1,690
	1ST	740	150	730	975
	1ST	258	200	100	730
	1ST	258	75	245	290
	1ST	1,700	350	1,450	1,710

Details of work:

4/25 2320734 275(Primary),400(1700), 5/31 2320738 250+170(7845) sq, 350(1700), 6/11 2320738 100, 200 sx, 6/15 2320738 75,150, 75 sx
 COGCC: First cmt at 1700' went away, some in surface csg.

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	
NIOBRARA	7,171				
FORT HAYS	7,534				
CARLILE	7,563				
GREENHORN	7,628				
BENTONITE	7,841				
D SAND	7,941				
J SAND	7,985		YES		DST, 02/26/70 on file
SKULL CREEK	8,058				

Operator Comments

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: 5/14/2013 Email: ED@RENEGADEOILANDGAS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2320735	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2320734	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Logs in wellfile. Cement job summary as well.	04/23/2015

Total: 1 comment(s)