

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:
401185245

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) 829-2354</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>05-039-06547-00</u>	County: <u>ELBERT</u>
Well Name: <u>MYERS 12-3</u>	Well Number: <u>1</u>
Location: QtrQtr: <u>SWNW</u> Section: <u>3</u> Township: <u>6S</u> Range: <u>63W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2015</u> feet Direction: <u>FNL</u>	Distance: <u>613</u> feet Direction: <u>FWL</u>
As Drilled Latitude: <u>39.558330</u>	As Drilled Longitude: <u>-104.438990</u>

GPS Data:
Date of Measurement: 10/27/2010 PDOP Reading: 2.7 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: PEAK VIEW Field Number: 67970
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/30/1985 Date TD: 10/07/1985 Date Casing Set or D&A: 10/09/1985
Rig Release Date: 10/09/1985 Per Rule 308A.b.

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

Total Depth MD <u>8007</u> TVD** _____	Plug Back Total Depth MD <u>7947</u> TVD** _____
Elevations GR <u>5816</u> KB <u>5828</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

List Electric Logs Run:
Dual Induction-GR-SP (10/7/1985), Compensated Density-Dual Spaced Neutron-GR (10/7/1985), Microlog-GR (10/7/1985), CBL-CCL-GR (10/15/1985). Radial CBL-CCL-GR (11/28/2016).

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	1,692	870	0	1,692	VISU
1ST	7+7/8	4+1/2	11.6	0	7,997	240	7,190	7,997	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/21/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,150	100	6,784	7,154

Details of work:

Found evidence of drilling mud in the bottom of #1 Myer 12-3. Set retrievable plug at 7730'. Isolated a very slight casing leak between 7078' and 7135'. Could not establish a pumpable rate for cement squeeze. Shot 3 squeeze holes at 7150'. TIH and set squeeze packer at 6300'. Pump 100 sacks neat type 3 cement. Drill out and ran CBL. Pull retrievable plug. Acidize existing D Sand perforations from 7798'-7806' with 500 gallons 7 1/2% HCl/10% acetic acid. Swab back. Ran new pump and return to production.

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:

Filed to reflect squeeze work performed on the #1 Myers 12-3 recently to repair a very slight casing leak around 7100'. Could not establish a pumpable injection rate through the original leak so a 3 shot squeeze gun was utilized at 7150'. Cement was successfully pumped and drilled out and tested. The original D Sand perforations were acidized with 500 gallons of 7 1/2% HCl/10% acetic acid. Well placed back on production.

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 ?	
<u>Attachment Checklist</u>			
401188183	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"/>
<u>Other Attachments</u>			
401187819	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401205354	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)