

FORM
5ARev
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



DE ET OE ES

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Date Received:

11/02/2018

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 4. Contact Name: Edward Ingve
 2. Name of Operator: RENEGADE OIL & GAS COMPANY LLC Phone: (303) 829-2354
 3. Address: 6155 S MAIN STREET #225 Fax: (303) 680-4907
 City: AURORA State: CO Zip: 80016 Email: ed@renegadeoilandgas.com

5. API Number 05-005-07364-00 6. County: ARAPAHOE
 7. Well Name: State of Colorado Well Number: 3-33
 8. Location: QtrQtr: NWNW Section: 33 Township: 5S Range: 64W Meridian: 6
 9. Field Name: BRAVE Field Code: 7515

Completed Interval

FORMATION: J SAND Status: SHUT IN Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 8521 Bottom: 8545 No. Holes: 48 Hole size: 41/100Provide a brief summary of the formation treatment: _____ Open Hole: ☐

No formation treatment performed. Fracture stimulation will occur once gas sales for the well is determined.

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

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

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

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/09/2018 Hours: 24 Bbl oil: 6 Mcf Gas: 9 Bbl H2O: 2Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 9 Bbl H2O: 2 GOR: 1500Test Method: swab Casing PSI: 80 Tubing PSI: _____ Choke Size: _____Gas Disposition: VENTED Gas Type: WET Btu Gas: 1400 API Gravity Oil: 40Tubing Size: 2 + 3/8 Tubing Setting Depth: 8526 Tbg setting date: 10/15/2018 Packer Depth: _____Reason for Non-Production: No gas salesDate 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:

The J Sand in the State of Colorado 3-33 has been perforated to demonstrate the productivity of the formation to the Colorado State Land Board and then shut in pending a gas sales outcome. Once gas sales can be reestablished on the lease the formation will be fracture stimulated and placed on production. Commingling with the D Sand formation will also be likely. At this point timing for reestablishing gas sales is very much in the air.

Estimates for both the gas BTU and oil gravity were made for form validation purposes. Actual results will be provided once the well is in regular 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 _____

Title: Manager/Owner _____

Date: 11/2/2018 _____

Email ed@renegadeoilandgas.com _____

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Attachment Check List

Att Doc Num

Name

401821597

FORM 5A SUBMITTED

401822604

WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Stamp Upon
Approval

Total: 0 comment(s)