

Document Number:
401821597

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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.

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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: 41/100

Provide 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: 2
 Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 9 Bbl H2O: 2 GOR: 1500
 Test Method: swab Casing PSI: 80 Tubing PSI: _____ Choke Size: _____
 Gas Disposition: VENTED Gas Type: WET Btu Gas: 1400 API Gravity Oil: 40
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8526 Tbg setting date: 10/15/2018 Packer Depth: _____

Reason for Non-Production: No gas sales

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:

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 _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401821597	FORM 5A SUBMITTED
401822604	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)