

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

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DE ET OE ES

Document Number:

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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 #225
City: AURORA State: CO Zip: 80016
4. Contact Name: Edward Ingve
Phone: (303) 829-2354
Fax: (303) 680-4907
Email: ed@renegadeoilandgas.com

5. API Number 05-099-06045-00
6. County: PROWERS
7. Well Name: KERN ESTATE
Well Number: 1
8. Location: QtrQtr: CNE Section: 5 Township: 23S Range: 47W Meridian: 6
9. Field Name: BETA Field Code: 6300

Completed Interval

FORMATION: KEYES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/28/1974 End Date: 04/28/1974 Date of First Production this formation: 07/21/1999

Perforations Top: 4695 Bottom: 4697 No. Holes: 4 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Fracture stimulated with 900 bbls gelled 4% NACL water with 750 cft CO2/bbl and 30,000# 20/40 sand. Average treatment rate of 10 BPM. Average treatment pressure of 580 psi. ISIP-380 psi. Renegade's information about the fracture stimulation is limited to the TXO operation summary attached.

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

Total fluid used in treatment (bbl): 900

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: 1

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 30000

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

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.

FORMATION: MORROW Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 12/20/2017 End Date: 12/20/2017 Date of First Production this formation: 05/14/1974
Perforations Top: 4541 Bottom: 4553 No. Holes: 48 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Fracture stimulated the Morrow Formation with 510 barrels crosslinked gelled water containing 37,780 lb 16/30 brown sand down 4 1/2" casing at 12 1/2 BPM. Well screened out very quickly near completion of job. Only able to flush 48 of 72 barrels. ISIP-1520 psi, 5 min-790 psi, 10 min-450 psi, 15 min-310 psi, 20 min-270 psi.

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

Total fluid used in treatment (bbl): 510 Max pressure during treatment (psi): 1800
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.70
Total acid used in treatment (bbl): _____ Number of staged intervals: 1
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 510 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 37780 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:

The Morrow Formation in the Kern Estate #1 was fracture stimulated with 510 barrels crosslinked gelled water containing 37,780# of 16/30 brown sand on 12/20/2017. The Morrow had been fracture stimulated when originally completed in 1974. It was believed that this zone was not contributing to the productivity of the well as a previous casing leak was thought to of damaged the the formation. After isolating and stimulating the Morrow, the well was once again commingled with the Keys Formation. A increase in production from the Kern Estate #1 has occurred confirming that the Morrow was not contributing to production. Per the request of Charles Romanchock and Steve Wolfe of the COGCC, this Form 5A is being used to update the historical TXO Keys Formation completion and commingling of production in the Kern Estate #1. From reviewing the well's records Renegade attempted to document the original 1974 Keyes Formation completion and left isolated from the wellbore by a retrievable bridge plug. From the best of our knowledge this RBP remained in place until 1999. Production from 1999 to the time of the Morrow refracture treatment was likely Keyes Formation production. Production records will be corrected to reflect that assumption.

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: Manager/Owner Date: _____ Email: ed@renegadeoilandgas.com

Attachment Check List

Att Doc Num Name

402441648 OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft for operator edits.	07/07/2020
Permit	Should Keyes Fm. panel be added?	05/06/2019

Total: 2 comment(s)