



Document Number:

402435392

Date Received:

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/or 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) 829-2354

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Fax: (303) 680-4725

City: AURORA State: CO Zip: 80016

Email: ed@renegadeoilandgas.com

API Number	05-099-06057-00
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County: PROWERS

Well Name: IDLER A

Well Number: 1

Location: QtrQtr: SWSE Section: 33 Township: 22S Range: 47W Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface:	Distance:	800	feet	Direction:	FSL	Distance:	1400	feet	Direction:	FEL
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As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:

GPS Instrument Operator's Name:

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:

Sec: Twp: Rng:

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:

Sec: Twp: Rng:

Field Name: BETA	Field Number: 6300
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Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/10/1975 Date TD: 03/21/1975 Date Casing Set or D&A: 03/22/1975

Rig Release Date: 03/22/1975 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth	MD	4694	TVD**	Plug Back Total Depth	MD	TVD**
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Elevations	GR	3655	KB	3664	Digital Copies of ALL Logs must be Attached per Rule 308A
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List Electric Logs Run:

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	20	0	311	210	0	311	VISU
1ST	7+7/8	4+1/2	10.5	0	4,641	130		4,641	
1ST LINER		3+1/2	8.8	0	4,179	175			

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/22/2004

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST LINER	4,179	175		

Details of work:

A 3 1/2" casing liner was run and welded (no collars) in the Idler A#1. The total length of pipe only was 4178.50'. The welded 3 1/2" liner was then welded back to the 4 1/2" casing at surface. The liner was cemented with 90 sacks pumped down the 3 1/2" liner with returns back up the liner annulus. Cement was displaced with 36 3/4 barrels of water. Returns were lost during displacement. Cementers were then rigged up on the 4 1/2" casing - 3 1/2" liner annulus and 85 sacks of additional cement was pumped. The total annular volume was less than the yield of 85 sacks of cement. Cement of the liner shoe was drilled out and a pressure test to 1000 psi was successfully performed.

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	

Operator Comments:

When reviewing the well records for the Idler A#1 for a recent maintenance workover, it was discovered that a liner installation job from 2004 was not documented with the COGCC. Filing of this Form 5 is the attempt to correct and update the COGCC records for the well.

A 3 1/2" welded liner was cemented inside the original 4 1/2" production casing of the Idler A#1 with 90 sacks. While cementing the liner in place returns were lost indicating a hole in the original casing. An additional 85 sacks of cement was then pumped down the casing-liner annulus. Both volumes of cement exceeded the total annular capacity volume of the casing-liner. The well was then placed back on production.

Renegade apologizes for the belated filing but with this Form 5 the COGCC record should now be current.

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	Document Name	attached ?	
<u>Attachment Checklist</u>			
402435569	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>			
402435575	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)

