

FORM
5

Rev
02/20

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402447812

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: <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 #225</u>	Fax: <u>(303) 680-4907</u>
City: <u>AURORA</u> State: <u>CO</u> Zip: <u>80016</u>	Email: <u>ed@renegadeoilandgas.com</u>

API Number <u>05-001-06482-00</u>	County: <u>ADAMS</u>
Well Name: <u>FERGUSON</u>	Well Number: <u>1-25</u>
Location: QtrQtr: <u>NWSE</u> Section: <u>25</u> Township: <u>2S</u> Range: <u>62W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>1980</u> feet Direction: <u>FSL</u> Distance: <u>1980</u> feet Direction: <u>FEL</u>	
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: <u>IRONDALE</u> Field Number: <u>39350</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 04/09/1972 Date TD: 04/18/1972 Date Casing Set or D&A: 04/19/1972
Rig Release Date: 04/19/1972 Per Rule 308A.b.

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

Total Depth MD <u>7292</u> TVD** _____ Plug Back Total Depth MD _____ TVD** _____
Elevations GR <u>5269</u> KB <u>5278</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

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	126	150	0	126	VISU
1ST	7+7/8	5+1/2	17/15.5	0	7,280	150	6,586	7,280	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/06/2006

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	1,032	120	626	1,045
RETAINER	1ST	2,150	235	1,645	

Details of work:

Established casing lacked integrity between 1802' and 2340'. Well would circulate even with a packer set in that interval.
 8/30/2006 - Set retainer at 2150'. Pump 135 sacks Premium Lite down tubing. Sting out and push later portion of the job out the hole above the retainer after placing the first half out the hole below the retainer with returns coming around the retainer from outside the casing. Pulled tubing. Left 500 psi pressure on casing.
 8/31/2006 - After drilling down to 1831' well failed a pressure test.
 9/6/2006 - Pumped 100 sacks Class G down casing. Displaced with 41 barrels. SI well with 540 psi.
 9/11/2006 - Drilled out all cement. Successfully tested casing to 1000 psi.

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:

This Form 5 Drilling Completion Report is being filed to reflect casing repair work performed in 2006 at the Ferguson #1-25. An interval between 1802' to 2340' was found to not have integrity and required squeezing. Two separate squeezes were performed prior to the well passing a pressure test. Examination of the wellfile discovered that this work was never reported to the COGCC. The filing of this Form 5 corrects that oversight. Renegade apologizes for this failure as we attempt to complete any deficiencies in our regulatory record during this downturn.

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>			
402447857	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>			
402447866	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)

