

FORM
5A

Rev
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



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Document Number:

402540932

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 05-001-06523-00

7. Well Name: FERGUSON

8. Location: QtrQtr: NWNW Section: 25 Township: 2S Range: 62W Meridian: 6

9. Field Name: IRONDALE Field Code: 39350

6. County: ADAMS

Well Number: 6-25

Completed Interval

FORMATION: <u>D SAND</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>09/17/2010</u>		End Date: <u>09/17/2010</u>		Date of First Production this formation: <u>07/27/1973</u>	
Perforations	Top: <u>7054</u>	Bottom: <u>7091</u>	No. Holes: <u>84</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Fracture stimulate D Sand perforations 7054'-7091' with 1344 barrels cross linked gelled 5% KCl water containing 113,900# 20/40 sand and 12,000# 16/30 interprop down 2 7/8" frac string at an average of 20 BPM and 6400 psi. Annulus was filled but no pressure was held. ISIP-3000 psi, 5 min-2780 psi, 10 min-2540 psi, 15 min-2060 psi, 20 min-1780 psi, 25 min-1590 psi, 30 min-1460 psi. Well on vacuum in 2 hours.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>1344</u>			Max pressure during treatment (psi): <u>7307</u>		
Total gas used in treatment (mcf): _____			Fluid density at initial fracture (lbs/gal): <u>8.58</u>		
Type of gas used in treatment: _____			Min frac gradient (psi/ft): <u>0.78</u>		
Total acid used in treatment (bbl): _____			Number of staged intervals: <u>1</u>		
Recycled water used in treatment (bbl): _____			Flowback volume recovered (bbl): <u>0</u>		
Fresh water used in treatment (bbl): <u>1344</u>			Disposition method for flowback: <u>DISPOSAL</u>		
Total proppant used (lbs): <u>125900</u>			Rule 805 green completion techniques were utilized: <input type="checkbox"/>		
Reason why green completion not utilized: <u>PRESSURE</u>					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: _____		** Sacks cement on top: _____		** Wireline and Cement Job Summary must be attached.	

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/10/2010 End Date: 09/10/2010 Date of First Production this formation: 06/27/1972

Perforations Top: 7145 Bottom: 7151 No. Holes: 24 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Fracture stimulate J Sand perforations from 7145'-7151' down 2 7/8" frac string with 1113 barrels cross linked gelled water at average of 17 BPM and 5000 psi. ISIP-2710 psi. 5 min-2136 psi. 10 min-1799 psi. 15 min-1483 psi. Strong vacuum with IFL at 5300' next morning.

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

Total fluid used in treatment (bbl): 1113

Max pressure during treatment (psi): 5328

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.62

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): 1113

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 100060

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:

This Form 5A is being filed to reflect a D Sand and a J sand refracture stimulation treatments in 2010 performed at the Ferguson #6-25. This work was undertaken after casing repair work took place immediately prior. It was thought that these stimulations would reverse any mud damage associated with the casing leak. Historically this information should of been timely reported utilizing a Form 4. The current protocol calls for a Form 5A. No change in perforated interval occurred in either zone. No frac focus reporting is available as 2010 treatments did not require them. After the treatments the well was returned to production with the D Sand and J Sand produced simultaneously.

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
402540941	OPERATIONS SUMMARY
402540942	OPERATIONS 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)