

**FORM
5**Rev
11/20**State of Colorado****Oil and Gas Conservation Commission**

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Document Number:

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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

Address: 6155 S MAIN STREET #225

Fax: (303) 680-4907

City: AURORA State: CO Zip: 80016

Email: ed@renegadeoilandgas.com

API Number 05-039-06296-00

County: ELBERT

Well Name: MORRIS

Well Number: 13-4

Location: QtrQtr: NWNW Section: 13 Township: 6S Range: 63W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

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

** 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: FNL/FSL FEL/FWL

Field Name: COMANCHE CREEK

Field Number: 11627

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/08/1978 Date TD: 04/15/1978 Date Casing Set or D&A: 04/16/1978

Rig Release Date: 04/16/1978 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7844 TVD** Plug Back Total Depth MD TVD**

Elevations GR 5865 KB 5876

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

Induction-Electrical-SP (4/15/1978); Compensated Formation Density-GR (4/15/1978); CBL (4/20/78)

CASING, LINER AND CEMENT

| <u>Casing Type</u> | <u>Size of Hole</u> | <u>Size of Casing</u> | <u>Grade</u> | <u>Wt/Ft</u> | <u>Csg/Liner Top</u> | <u>Setting Depth</u> | <u>Sacks Cmt</u> | <u>Cmt Btm</u> | <u>Cmt Top</u> | <u>Status</u> |
|---------------------------|----------------------------|------------------------------|---------------------|---------------------|-----------------------------|-----------------------------|-------------------------|-----------------------|-----------------------|----------------------|
| SURF | 12+1/4 | 8+5/8 | ? | 24 | 0 | 204 | 200 | 204 | 0 | VISU |
| 1ST | 7+7/8 | 4+1/2 | K55 | 11.6/10.5 | 0 | 7836 | 100 | 7836 | 7320 | CBL |

Bradenhead Pressure Action Threshold 61 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? No

If "NO", provide details below.

Form 5 being filed for remedial cement work performed in 2006 for a well drilled in 1978. Rule 408.g did not exist.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/08/2006

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| STAGE TOOL | SURF | 3,702 | 500 | 0 | |

Details of work:

The Morris 13-4 production casing had holes identified between 3284'-2409'. No cement bradenhead job was ever performed on the well as required by the original 1978 permit. The 4 1/2" casing was backoffed at 3723' using a wireline string shot. The old casing was exchanged with replacement pipe and screwed back into the remaining unpulled casing. A port collar was run at 3702' just above the screw in point. Tubing was run and the port collar was opened. 500 sacks of premium lite cement containing 3% calcium and 6% gel (13 ppg - 1.77 cft/sack) was pumped thru the port collar with returns up the bradenhead. Cement cut mud was in the final returns. Port collar was closed and casing was pressure tested. Well was returned to production.

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 is being filed for the Morris 13-4 to reflect 2006 historical work performed to repair bad casing. Multiple holes were identified between approximately 2400' and 3300'. Casing was unscrewed at 3723' and the original top half of the casing string was replaced. After screwing the replacement casing back together the annulus was cemented to surface utilizing a port collar run at 3702' with 500 sacks of lite cement. The well was stimulated with a small acid job and placed back on 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 Ingve

Title: Manager/Owner

Date: _____

Email: ed@renegadeoilandgas.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 402564951 | 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> | | | |
| 402565514 | 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)

