

FORM
5

Rev
12/20

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:

402795493

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: _____
City: AURORA State: CO Zip: 80016 Email: ed@renegadeoilandgas.com

API Number 05-039-06477-00 County: ELBERT
Well Name: NORDMAN ESTATE Well Number: 10-7
Location: QtrQtr: SWNE Section: 10 Township: 6S Range: 64W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2058 feet Direction: FNL Distance: 1980 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____
GPS Data: GPS Quality Value: _____ Type of GPS Quality Value: _____ Date of Measurement: _____

_____ 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: CALEDONIA Field Number: 9660
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/13/1984 Date TD: 06/22/1984 Date Casing Set or D&A: 06/23/1984
Rig Release Date: 06/24/1984 Per Rule 308A.b.

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

Total Depth MD 8500 TVD** _____ Plug Back Total Depth MD 8460 TVD** _____
Elevations GR 6036 KB 6047 **Digital Copies of ALL Logs must be Attached**

List All Logs Run:
Radial CBL - 8/17/2021

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): _____ Fresh Water (bbls): _____
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): _____

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	12+1/4	8+5/8	J-55	24	0	310	250	310	0	VISU
1ST	7+7/8	4+1/2	N-80	11.6	0	8500	325	8500	7145	CBL
				Stage Tool		1999	200	2015	1730	CBL

Bradenhead Pressure Action Threshold 93 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.

Remedial cement job performed to repair a well which was drilled in 1984.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/20/2021

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,164	50		

Details of work:

Pumped 50 sacks Class G cement down tubing with packer set at 2642' to repair hole identified between 3164' and 3195' in 4 1/2" production casing. Cement mixed at 15.8 ppg average and yielded 1.15 cft/sk. Cement was displaced with 17 1/2 barrels of fresh water. Average injection rate was 3/4 BPM at 1000 psi. Two hesitations were performed toward end of displacement. Cement was left to set for 3 days when the casing was drilled out. A successful MIT was performed to confirm repairs. Well has been placed back on 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 a small 50 sack cement squeeze job performed on the Nordman Estate #10-7 to repair a minor casing leak identified at approximately 3175'. The hole was discovered after a failed MIT conducted in association with remediation work for a new offsetting horizontal well. A successful MIT was conducted post squeeze to confirm the repair.

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>			
402795495	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402795496	PDF-CEMENT BOND	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)