

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2505047

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: P O BOX 460413
City: AURORA State: CO Zip: 80046-04
4. Contact Name: J.B. CONDILL
Phone: (303) 680-4725
Fax: (303) 680-4907

5. API Number 05-005-07144-00
6. County: ARAPAHOE
7. Well Name: PAR STATE 28-14
Well Number: 2
8. Location: QtrQtr: SESW Section: 28 Township: 5S Range: 64W Meridian: 6
9. Field Name: BRAVE Field Code: 7515

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 11/25/2009 Date of First Production this formation: 10/16/2009

Perforations Top: 8407 Bottom: 8438 No. Holes: 100 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole: []

PERFORATED 8407-8416, 8419-8430, 8433-8438 (10/16/2009). ACIDIZED W/1000 GAL 7-1/2% HCL & 10% ACETIC. FLUSH W/35 BBLs KCL WATER @4.3 BPM AND 3330 PSI. ISIP-1500PSI. VAC IN 8 MIN. (10/16/2009). FRAC W/2351 BBLs XL GELLED WTR CONTAINING 200,060# 20/40 SAND, 9500# 20/40 INTP. 10,200# 16/30 INTP @ 36 BPM & 2650PSI (11/25/2009).

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 04/12/2010 Hours: 24 Bbls oil: 22 Mcf Gas: 50 Bbls H2O: 32

Calculated 24 hour rate: Bbls oil: 220 Mcf Gas: 32 Bbls H2O: 2273 GOR: []

Test Method: PUMPING Casing PSI: 30 Tubing PSI: 30 Choke Size: []

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1446 API Gravity Oil: 38

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8536 Tbg setting date: 03/18/2010 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: []

Comment: []

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: [] Print Name: J.B. CONDILL

Title: OWNER/MANAGER Date: 7/14/2010 Email: JBCROG@AOL.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:

David S. Neslin

Director of COGCC

Date: 12/2/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)