

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:

2505047

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

4. Contact Name: J.B. CONDILL

2. Name of Operator: RENEGADE OIL & GAS COMPANY LLC

Phone: (303) 680-4725

3. Address: P O BOX 460413

Fax: (303) 680-4907

City: AURORA State: CO Zip: 80046-04

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
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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 ☒ No

Test Information:

Date:	04/12/2010	Hours:	24	Bbls oil:	22	Mcf Gas:	50	Bbls H2O:	32
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Calculated 24 hour rate:	Bbbs oil:	220	Mcf Gas:	32	Bbbs H2O:	2273	GOR:
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Test Method: PUMPING	Casing PSI: 30	Tubing PSI: 30	Choke Size:
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1446	API Gravity Oil:	38
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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)