

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



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Document Number:

1636610

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: ED INGVE

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-

5. API Number 05-001-09729-00

6. County: ADAMS

7. Well Name: A.J. LINNEBUR

Well Number: 2

8. Location: QtrQtr: SWSE Section: 18

Township: 2S

Range: 61W

Meridian: 6

9. Field Name: TRIGGER

Field Code: 83950

Completed Interval

FORMATION: D SAND Status: WAITING ON COMPLETION

Treatment Date: 07/28/2010 Date of First Production this formation: _____

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

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

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/28/2010 Date of First Production this formation: 09/03/2010

Perforations Top: 7074 Bottom: 7086 No. Holes: 48 Hole size: 41/100

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

FRACTURE STIMULATED WITH 1138 BBLS XL GELLED WATER CONTAINING 120,540# 20/40 OTTAWA SAND DOWN CASING. AVERAGE TREATMENT RATE WAS 31 BPM. AVERAGE TREATMENT PRESSURE WAS 1650#. FLUSH WELL WITH 110BBLS SLICK WATER. ISIP=1963 PSI.

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

Test Information:

Date: 09/16/2010 Hours: 24 Bbls oil: 42 Mcf Gas: 38 Bbls H2O: 22

Calculated 24 hour rate: _____ Bbls oil: 42 Mcf Gas: 38 Bbls H2O: 22 GOR: 905

Test Method: PUMPING Casing PSI: 30 Tubing PSI: 30 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1450 API Gravity Oil: 39

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7102 Tbg setting date: 09/02/2010 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: EDWARD INGVE

Title: MANAGER/OWNER Date: 5/12/2011 JBCROG@AOL.COM

Email
:

Attachment Check List

Att Doc Num	Name
1636610	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)