

FORM  
5Rev  
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

Document Number:

1636608

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 74165

4. Contact Name: ED INGVE

2. Name of Operator: RENEGADE OIL &amp; 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

Footage at surface: Distance: 664 feet Direction: FSL Distance: 1991 feet Direction: FEL

As Drilled Latitude: 39.871220 As Drilled Longitude: -104.251600

## GPS Data:

Date of Measurement: 09/29/2010 PDOP Reading: 1.9 GPS Instrument Operator's Name: KEITH WESTFALL

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: TRIGGER

10. Field Number: 83950

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/29/2010 13. Date TD: 07/02/2010 14. Date Casing Set or D&amp;A: 07/04/2010

## 15. Well Classification:

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

16. Total Depth MD 7200 TVD\*\* 17 Plug Back Total Depth MD 7200 TVD\*\*

18. Elevations GR 5192 KB 5207

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

INDUCTION-GR-SP,CNL-GR,MICROLOG,CBL

## 20. Casing, Liner and Cement:

## CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF        | 12+1/4       | 8+5/8          |       | 0             | 377           | 280       | 0       | 377     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          |       | 0             | 7,197         | 225       | 5,940   | 7,197   | CBL    |

## ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL     | 1ST    | 2,495                             | 450           | 0          | 2,500         |

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
|                | Top            | Bottom | DST                      | Cored                    |   |
| FOX HILLS      | 670            | 747    | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 6,211          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 6,574          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 6,608          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| BENTONITE      | 6,897          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| D SAND         | 6,992          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND         | 7,050          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J-2 SAND       | 7,074          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

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: 7/17/2010

Email: JBCROG@AOL.COM

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 1636609                     | 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>    |                       |            |                                     |    |                                     |
| 1636608                     | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b>  | <b><u>Comment Date</u></b> |
|--------------------------|--|----------------------------|
| Engineer                 | Rec'd SC tickets from operator.  | 9/30/2011<br>8:01:58 AM    |
| Engineer                 | Emailed operator, again, for SC tickets  | 9/29/2011<br>10:47:14 AM   |
| Engineer                 | Emailed Operator for surface casing cement tickets, we have production casing, but not surface casing. | 9/6/2011<br>11:53:54 AM    |
| Permit                   | req digital logs   | 8/12/2011<br>12:38:58 PM   |

Total: 4 comment(s)