



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 commingling. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

Document Number:

400255034

1. OGCC Operator Number: 74165

4. Contact Name: Edward 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 05-099-06909-00

6. County: PROWERS

7. Well Name: IDLER B

Well Number: 2X

8. Location: QtrQtr: NWNE Section: 32 Township: 22S Range: 47W Meridian: 6

9. Field Name:	BETA	Field Code:	6300
----------------	------	-------------	------

Completed Interval

FORMATION: MORROW Status: PRODUCING

Treatment Date: 09/22/2010 Date of First Production this formation: 01/20/2011

Perforations	Top:	4530	Bottom:	4543	No. Holes:	52	Hole size:	0.43
--------------	------	------	---------	------	------------	----	------------	------

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

Fracture stimulated with 505 bbls crosslinked gelled water containing 40,680# 16/30 Texas Gold sand. Job performed down casing @ 18 BPM and average 750 psi. Flushed casing with 74 bbls treated water. ISIP-900#. 5 min-830#. 10 min-790#. 15 min-750#.

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

Test Information:

Date:	02/14/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	274	Bbls H2O:	0
-------	------------	--------	----	-----------	---	----------	-----	-----------	---

Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	274	Bbls H2O:	0	GOR:
--------------------------	-----------	---	----------	-----	-----------	---	------

Test Method: Flowing	Casing PSI: 530	Tubing PSI: 410	Choke Size: 18/64
----------------------	-----------------	-----------------	-------------------

Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1074	API Gravity Oil:
------------------	------	-----------	-----	----------	------	------------------

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4521 Tbg setting date: 09/24/2010 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: Owner/Manager Date: 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: _____ Director of COGCC Date: _____

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)