

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400255034

Date Received:

02/24/2012

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: 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 Type: _____
Treatment Date: 09/22/2010 End Date: _____ 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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/14/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 274 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 274 Bbl 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: 0
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: _____ ** Wireline and Cement Job Summary must be attached.

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: 2/24/2012 Email JBCROG@aol.com
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Attachment Check List

Att Doc Num	Name
400255034	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 5 and attachments and logs recieved.	8/29/2012 3:11:06 PM
Permit	Form 5, logs, CBL and cement tickets not yet submitted. 4/25/2012	4/25/2012 5:57:10 PM

Total: 2 comment(s)