

**FORM**  
**5**  
Rev  
02/08

**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:  
400429804

Date Received:

**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: Edward Ingve  
 2. Name of Operator: RENEGADE OIL & GAS COMPANY LLC Phone: (303) 680-4725  
 3. Address: 6155 S MAIN STREET #210 Fax: (303) 680-4907  
 City: AURORA State: CO Zip: 80016

5. API Number 05-001-09733-00 6. County: ADAMS  
 7. Well Name: HOSMER Well Number: 4-2  
 8. Location: QtrQtr: NWNE Section: 4 Township: 2S Range: 64W Meridian: 6  
 Footage at surface: Distance: 645 feet Direction: FNL Distance: 1983 feet Direction: FEL  
 As Drilled Latitude: 39.911340 As Drilled Longitude: -104.552820

GPS Data:  
 Date of Measurement: 06/27/2012 PDOP Reading: 2.8 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: JAMBOREE 10. Field Number: 40590  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 05/12/2012 13. Date TD: 05/21/2012 14. Date Casing Set or D&A: 05/23/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8101 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 8066 TVD\*\* \_\_\_\_\_

18. Elevations GR 5274 KB 5286 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:  
High Resolution Induction, Compensated Density-Compensated Neutron-Microlog, Cement Bond Log-CCL-GR-VDL, Radial 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	9+5/8	36	0	422	247	0	422	VISU
1ST	7+7/8	4+1/2	11.6	0	8,091	300	6,300	8,091	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 05/22/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	1,609	400	730	1,620
1 INCH	1ST	729	175		730

Details of work:

5/22/12 - Pump dye marker-then pump 400 sacks BG lite. Displace cement once dye was observed at surface. Had good circulation throughout. Based on marker thought incorrectly cement would be in surface pipe. CBL indicated otherwise.  
 6/25/12 - Pump 175 sacks BG lite down 1" until observed cement in returns. Pull 1".

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	1,257		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,841		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,031		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,407		<input type="checkbox"/>	<input type="checkbox"/>	
X BENTONITE	7,713		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	7,810		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,859		<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: Owner/Manager Date: \_\_\_\_\_ Email: ed@renegadeoilandgas.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400430132	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430186	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430200	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)