

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



DE ET OE ES

Document Number:

1882049

Date Received:

04/03/2008

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 & GAS COMPANY LLC

Phone: (303) 680-4725

3. Address: P O BOX 460413 ATTN: EDW

Fax: (303) 680-4907

City: AURORA State: CO Zip: 80046-

5. API Number 05-011-06018-00

6. County: BENT

7. Well Name: STATE 918-S

Well Number: 1

8. Location: QtrQtr: SWSE Section: 12 Township: 21S Range: 50W Meridian: 6

Footage at surface: Distance: 732 feet Direction: FSL Distance: 1968 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 01/7369

12. Spud Date: (when the 1st bit hit the dirt) 12/14/2004 13. Date TD: 02/02/2005 14. Date Casing Set or D&A: 04/20/2005

15. Well Classification:

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

16. Total Depth MD 5435 TVD** 17 Plug Back Total Depth MD 5379 TVD**

18. Elevations GR 4218 KB 4227

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:

IES,FDC-GR, CNL (PREVIOUSLY SUBMITTED),CBL (ATTACHED)

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	321	250	0	321	CALC
1ST	7+7/8	4+1/2		0	5,433	375	3,635	5,433	CBL
S.C. 1.1					3,610	225	2,225	3,610	CBL
S.C. 1.2					2,225	450	580	2,225	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
STONE CORRAL	2,167		<input type="checkbox"/>	<input type="checkbox"/>	WELL ORIGINALLY DRILLED & COMPLETED IN 1973.
TOPEKA	3,472		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	3,752		<input type="checkbox"/>	<input type="checkbox"/>	6/73
MARMATON	4,222		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,382		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,963		<input type="checkbox"/>	<input type="checkbox"/>	6/73
KEYES	5,154		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	5,216		<input type="checkbox"/>	<input type="checkbox"/>	6/73

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y Print Name: EDWARD INGVE

Title: MANAGER Date: 4/1/2008 Email: _____

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)