

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:

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 ?
<b><u>Attachment Checklist</u></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 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)