

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

5. API Number 05-001-09729-00
6. County: ADAMS
7. Well Name: A.J. LINNEBUR Well Number: 2
8. Location: QtrQtr: SWSE Section: 18 Township: 2S Range: 61W Meridian: 6
9. Field Name: TRIGGER Field Code: 83950

Completed Interval

FORMATION: D & J SAND Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 06/03/2011
Perforations Top: 6995 Bottom: 7086 No. Holes: 104 Hole size: 4/10
Provide a brief summary of the formation treatment: Open Hole:
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: Min 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: 07/09/2011 Hours: 24 Bbl oil: 25 Mcf Gas: 84 Bbl H2O: 13
Calculated 24 hour rate: Bbl oil: 25 Mcf Gas: 84 Bbl H2O: 13 GOR: 3360
Test Method: pumping Casing PSI: 35 Tubing PSI: 35 Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1450 API Gravity Oil: 39
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7136 Tbg setting date: 06/03/2011 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.

FORMATION: D SAND Status: PRODUCING Treatment Type: _____

Treatment Date: 05/06/2011 End Date: 05/06/2011 Date of First Production this formation: 05/10/2011

Perforations Top: 6995 Bottom: 7009 No. Holes: 56 Hole size: 4/10

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

Fracture stimulated with 1293 bbls crosslinked 7% KCl water down casing containing 113,127# 20/40 sand and 9,000# resin coated 20/40 sand. Average treatment rate:30 BPM. Average treatment pressure:2600#. Flush casing with 110.4 bbls 7% KCL water. ISIP-2760#. 5 min-2540#. 10 min-2210#. 15 min-2020#. 20 min-1750#. 70 min-vacuum.

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: _____ Min 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: 05/30/2011 Hours: 24 Bbl oil: 13 Mcf Gas: 39 Bbl H2O: 12

Calculated 24 hour rate: Bbl oil: 13 Mcf Gas: 39 Bbl H2O: 12 GOR: 3000

Test Method: Pumping Casing PSI: 35 Tubing PSI: 35 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1450 API Gravity Oil: 39

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7010 Tbg setting date: 05/13/2011 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:

Form 5A filed to reflect D Sand completion and subsequent D and J Sand commingling.

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: 5/7/2013 Email: ed@renegadeoilandgas.com

Attachment Check List

Att Doc Num	Name
400253257	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 10 submitted.	12/26/2013 2:27:05 PM
Permit	No Form 10 on file. Previously approved Form 5A. Requested form 10 from operator.	5/21/2013 12:22:01 PM

Total: 2 comment(s)