

FORM
5ARev
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



DE ET OE ES

Document Number:

400562462

Date Received:

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: Ed Ingve
Phone: (303) 680-4725
Fax: (303) 680-4907
Email: ed@renegadeoilandgas.com

5. API Number 05-001-06362-00
6. County: ADAMS
7. Well Name: STATE OF COLORADO P
Well Number: 2
8. Location: QtrQtr: NWSW Section: 36 Township: 1S Range: 65W Meridian: 6
9. Field Name: TRAPPER Field Code: 83840

Completed Interval

FORMATION: J SAND Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 07/23/1992
Perforations Top: 7984 Bottom: 8020 No. Holes: 58 Hole size: 28/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

J Sand perforations of 7984'-7992' & 8014'-8020' (4JSFP) were added. No stimulation of new J Sand perforations was performed. D Sand was also reperforated from 7927'-7937' with 4JSPF. No additional stimulation of the D Sand was performed.

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: 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 filed to reflect recompletion to the J Sand formation performed by the previous operator in 1992. It is believed that without any stimulation of this new formation very little to no new additional production would be or was realized. Renegade is now considering a large fracture stimulation of this formation. This Form 5A is being submitted at the request of the COGCC.

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

<u>Att Doc Num</u>	<u>Name</u>
---------------------------	--------------------

--	--

Total Attach: 0 Files

General Comments

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

--	--	--

Total: 0 comment(s)