

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
			Document Number: 400562462  Date Received:				
<b>COMPLETED INTERVAL REPORT</b>							
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: <u>74165</u> 2. Name of Operator: <u>RENEGADE OIL &amp; GAS COMPANY LLC</u> 3. Address: <u>6155 S MAIN STREET #210</u> City: <u>AURORA</u> State: <u>CO</u> Zip: <u>80016</u>	4. Contact Name: <u>Ed Ingve</u> Phone: <u>(303) 680-4725</u> Fax: <u>(303) 680-4907</u> Email: <u>ed@renegadeoilandgas.com</u>
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5. API Number <u>05-001-06362-00</u> 7. Well Name: <u>STATE OF COLORADO P</u> 8. Location: QtrQtr: <u>NWSW</u> Section: <u>36</u> Township: <u>1S</u> Range: <u>65W</u> Meridian: <u>6</u> 9. Field Name: <u>TRAPPER</u> Field Code: <u>83840</u>	6. County: <u>ADAMS</u> Well Number: <u>2</u>
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**Completed Interval**

FORMATION: <u>J SAND</u>	Status: <u>COMMINGLED</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: <u>07/23/1992</u>
Perforations Top: <u>7984</u>	Bottom: <u>8020</u>	No. Holes: <u>58</u> Hole size: <u>28/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/>

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: <input type="checkbox"/> Yes <input type="checkbox"/> 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

**Att Doc Num**      **Name**

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)