

**FORM
5**Rev
09/14**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

2237389

Date Received:

07/18/2012

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 74165 Contact Name: EDWARD INGVE
Name of Operator: RENEGADE OIL & GAS COMPANY LLC Phone: (303) 680-4725
Address: 6155 S MAIN STREET #210 Fax: (303) 680-4907
City: AURORA State: CO Zip: 80016

API Number 05-005-07168-00 County: ARAPAHOE
Well Name: BIRD STATE Well Number: 32-8
Location: QtrQtr: SENE Section: 32 Township: 5S Range: 64W Meridian: 6
Footage at surface: Distance: 1968 feet Direction: FNL Distance: 658 feet Direction: FEL
As Drilled Latitude: 39.574320 As Drilled Longitude: -104.569610

GPS Data:

Date of Measurement: 02/21/2012 PDOP Reading: 2.8 GPS Instrument Operator's Name: KEITH WESTFALL

** 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: _____

Field Name: BRAVE Field Number: 7515

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/03/2011 Date TD: 07/19/2011 Date Casing Set or D&A: 07/21/2011

Rig Release Date: _____ Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 8775 TVD** _____ Plug Back Total Depth MD 8775 TVD** _____Elevations GR 6087 KB 6099 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

ARRAY COMPENSATED TRUE RESISTIVITY, SPECTRAL DENSITY/DUAL SPACED NEUTRON, COMPENSATED SPECTRAL NAT, CBL

CASING, LINER AND CEMENT

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	24	0	600	430	0	600	VISU
1ST	7+7/8	4+1/2	11.6	0	8,717	275	7,374	8,717	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	2,526	440	290	2,526
1 INCH	SURF	1	180	0	945

Details of work:

Stage tool at 2526' cemented long string

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FOX HILLS	2,004				
SUSSEX	5,392				
NIOBRARA	7,747			YES-Analysis Attached	
FORT HAYS	8,072			YES-Analysis Attached	
X BENTONITE	8,342				
D SAND	8,466				
J SAND	8,527				
J-2 SAND	8,538				

Operator Comments

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: MANAGER/OWNER Date: 2/15/2012 Email: JBCROG@AOL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2237391	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2237390	Core Analysis	Yes	<input checked="" type="checkbox"/>	No	<input 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"/>
<u>Other Attachments</u>					
2237389	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Surface cement ticket in attachment-page 4. Req'd LAS log.	12/30/2013 3:59:28 PM
Permit	Req'd surface cement summary. Form 10 submitted.	12/26/2013 2:00:27 PM
Engineer	no SC cement tix	10/15/2013 4:16:47 PM
Permit	No form 10 on file and perfs don't make any sense.	5/21/2013 12:50:12 PM

Total: 4 comment(s)