

Comment:

Initial test information delayed until well was placed on pump.

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: 6/14/2013 Email ed@renegadeoilandgas.com
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Attachment Check List

Att Doc Num **Name**

400432053	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

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