

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400818961

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 74165

Contact Name: Edward Ingve

Name of Operator: RENEGADE OIL &amp; 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 05-039-06375-00

County: ELBERT

Well Name: MILLER

Well Number: 6-11

Location: QtrQtr: NESW Section: 6 Township: 6S Range: 62W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FWL

As Drilled Latitude: 39.554970 As Drilled Longitude: -104.377370

## GPS Data:

Date of Measurement: 10/27/2010 PDOP Reading: 2.7 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: COMANCHE CREEK

Field Number: 11627

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/24/1981 Date TD: 08/07/1981 Date Casing Set or D&amp;A:

Rig Release Date: 08/08/1981 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 7730 TVD\*\* Plug Back Total Depth MD 7675 TVD\*\*

Elevations GR 5763 KB 5774 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

DIL-SFL-SP (8/6/81); CN-FD-GR (8/6/81)

## 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	231	230			
1ST	7+7/8	4+1/2	10.5/11.6	0	7,725	250			

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/05/2008

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	S.C. 1.1	3,001	500	250	3,001

Details of work:

Casing leak was identified at approximately 2600'. Casing was backed off at 3131'. Old casing was pulled to back off point. Corrosion hole was found at 2590'. Port collar was utilized at 3001'. Replacement casing was run and screwed back into existing casing. Port collar was shifted opened and 500 sacks of light cement (14 ppg w/1.55 cft/sk) was pumped with full returns up surface pipe. Port collar was shifted close and casing was pressure tested. Annular volume with no excess is 684 cft. Cement volume was 775 cft. Work was performed in 9/2008.

### 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	1,323				
SUSSEX	4,556				
NIOBRARA	6,820				
FORT HAYS	7,155				
CARLILE	7,186				
GREENHORN	7,230				
X BENTONITE	7,450				
D SAND	7,538				
J SAND	7,589				
SKULL CREEK	7,640				

Comment:

Form filed to reflect casing repair/replacement work performed in 2008. The top 3131' of casing was replaced. A port collar was used at 3001' and cemented with 500 sacks.

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	Document Name	attached ?	
<u>Attachment Checklist</u>			
400819533	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" 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>			
400819095	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)