

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:

400822964

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 & 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 05-005-06682-00

County: ARAPAHOE

Well Name: MICHELL

Well Number: 1

Location: QtrQtr: SWNE Section: 32 Township: 4S Range: 62W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1980 feet Direction: FEL

As Drilled Latitude: 39.660460 As Drilled Longitude: -104.348290

GPS Data:

Date of Measurement: 09/29/2010 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: DRAGOON

Field Number: 18850

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/20/1975 Date TD: 01/30/1975 Date Casing Set or D&A: 01/31/1975

Rig Release Date: 02/01/1975 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 7532 TVD** Plug Back Total Depth MD TVD**

Elevations GR 5535 KB 5545 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

SP-Induction-Electrical (1/31/75); GR-Compensated Formation Density (1/31/75); Radial Cement Bond-GR (12/19/13); 40 Arm Caliper Casing Inspection (1/27/14 & 2/13/14); CBL-VDL-GR (12/30/13 & 2/13/14)

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	91	100	0	91	
1ST	4+1/2	7+7/8	11.6	0	7,526	200	6,705	7,526	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/27/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	1,357	300	810	1,415
	1ST	800	255	80	800
SQUEEZE	1ST		45	6,545	7,376

Details of work:

12/27/13 - Ran 2 3/8" Nu-Lock tubing down bradenhead to 800'. Mix and pump 225 sacks down tubing. Pull up to 240'. Mix and pump 30 sacks down tubing. Full returns during both cement stages. Cement fell back after stopped pumping.
2/14/14 - Spotted cement across casing from 7376' to 6545' and pressured. Very little cement pushed outside of pipe. Job attempted to fill corrosion pitting identified in casing toward bottom of hole.
Sleeve job performed shortly after completion in April of 1975.

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	1,100				
NIOBRARA	6,650				
D SAND	7,386				
J SAND	7,440				

Comment:

Form 5 filed to reflect cementing work performed in association with a workover conducted from 10/13-2/14. A top job was done utilizing 2 3/8" tubing done down the bradenhead. Cement now has been brought up to the surface casing. In an attempt to fill apparent corrosion pitting in the bottom of the well's casing, cement was spotted across the bottom of the well and squeezed away. Very little displacement occurred. Logs run have been included.

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>			
400823381	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400823170	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400823265	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400823276	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400823500	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)