

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

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Document Number:

400429804

Date Received:

06/14/2013

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 05-001-09733-00 County: ADAMS
Well Name: HOSMER Well Number: 4-2
Location: QtrQtr: NWNE Section: 4 Township: 2S Range: 64W Meridian: 6
Footage at surface: Distance: 645 feet Direction: FNL Distance: 1983 feet Direction: FEL
As Drilled Latitude: 39.911340 As Drilled Longitude: -104.552820

GPS Data:

Date of Measurement: 06/27/2012 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: JAMBOREE Field Number: 40590

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/12/2012 Date TD: 05/21/2012 Date Casing Set or D&A: 05/23/2012

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

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 8101 TVD** _____ Plug Back Total Depth MD 8066 TVD** _____Elevations GR 5274 KB 5286 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

High Resolution Induction, Compensated Density-Compensated Neutron-Microlog, Cement Bond Log-CCL-GR-VDL, Radial 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	9+5/8	36	0	422	247	0	422	VISU
1ST	7+7/8	4+1/2	11.6	0	8,065	300	6,364	8,065	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/22/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	1,610	400	730	1,610
1 INCH	1ST	729	175	0	730

Details of work:

5/22/12 - Pump dye marker-then pump 400 sacks BG lite. Displace cement once dye was observed at surface. Had good circulation throughout. Based on marker thought incorrectly cement would be in surface pipe. CBL indicated otherwise.
DV tool set at 1610'

6/25/12 - Pump 175 sacks BG lite down 1" until observed cement in returns. Pull 1".

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	1,257				
SUSSEX	4,841				
NIOBRARA	7,031				
FORT HAYS	7,407				
X BENTONITE	7,713				
D SAND	7,810				
J SAND	7,859				

Operator Comments

Induction, Neutron and CBL pdfs are in the wellfile. The cement ticket and wireline for surface casing, primary cement and DV cement and remedial work are in the wellfile.

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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>			
400429804	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430132	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430186	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430200	LAS-CEMENT BOND	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)