

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



DE ET OE ES

Document Number:
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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 05-001-07984-00 County: ADAMS
Well Name: HOWLAND Well Number: 2
Location: QtrQtr: SWNE Section: 25 Township: 2S Range: 60W Meridian: 6
Footage at surface: Distance: 2300 feet Direction: FNL Distance: 2030 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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: DEER TRAIL Field Number: 16200
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/26/1981 Date TD: 10/31/1981 Date Casing Set or D&A: 11/03/1981
Rig Release Date: 11/03/1981 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6330 TVD** Plug Back Total Depth MD 6293 TVD**

Elevations GR 4871 KB 4881 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL (6/29/2016)

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	216	190	0	216	VISU
1ST	7+7/8	4+1/2	10.5	0	6,330	200	5,124	6,330	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/11/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	2,000	300	0	2,005

Details of work:

Work was performed by the previous operator Foundation Energy Management in October of 2013. A hole in the casing was identified in the 4-1/2" production casing in the Howland #2 and isolated from 1200'-1500'. Casing was chemical cut at 2007' and the old casing was pulled and layed down. A lead casing patch with a DV tool was then run on new casing and reattached at the cut point. The DV tool was opened and 250 sacks of 12 ppg (2.47 cft/sack) Halliburton Swiftcem was pumped followed by 50 sacks of 15.8 ppg (1.17 cft/sack) Premium Class G. Plugged was bumped and float held. DV was drilled out and a successful MIT was performed and witnessed on 10/16/2013. Renegade ran a CBL on 6/29/2016 to confirm cement placement. CBL has been uploaded.

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	
NIOBRARA	5,360				
FORT HAYS	5,748				
CODELL	5,782				
CARLILE	5,796				
GREENHORN	5,853				
X BENTONITE	6,082				
D SAND	6,179				
J SAND	6,228		YES		DST from 6232'-6241' summarized in original completion report

Comment:

Form 5 is being submitted to reflect work performed by the previous operator Foundation Energy. Casing repair work was done in 2013 along with cement work. Renegade ran a CBL to confirm cement placement along with a state witnessed MIT. It is anticipated that a small fracture stimulation will be required to reestablish commercial production from the well.

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 ?	
Attachment Checklist			
401070285	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"/>
Other Attachments			
401070954	PDF-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)