

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:

401593362

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) 829-2354

Address: 6155 S MAIN STREET #210

Fax: (303) 680-4907

City: AURORA State: CO Zip: 80016

API Number 05-001-06475-00

County: ADAMS

Well Name: FERGUSON

Well Number: 2-25

Location: QtrQtr: SENW Section: 25 Township: 2S Range: 62W Meridian: 6

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

As Drilled Latitude: 39.849420 As Drilled Longitude: -104.275380

## GPS Data:

Date of Measurement: 09/29/2010 PDOP Reading: 1.9 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: IRONDALE

Field Number: 39350

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/19/1972 Date TD: 04/28/1972 Date Casing Set or D&amp;A: 04/29/1972

Rig Release Date: 04/29/1972 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 7290 TVD\*\* Plug Back Total Depth MD 7245 TVD\*\*

Elevations GR 5231 KB 5240 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

Induction Electrical-SP, Compensated Formation Density-GR, CBL w/VDL-GR (5/13/72), CBL (5/21/2007)

## 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	135	150	0	135	VISU
1ST	7+7/8	5+1/2	17/15.5	0	7,289	150	6,730	7,289	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/16/2007

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,179	200	1,865	2,235

Details of work:

Bullhead squeeze down 5 1/2" casing with 150 sacks 50/50 poz mixed at 13.8 ppg followed by 50 sacks Class G mixed at 15.8 ppg. Displaced with 50 barrels water. A CBL ran confirmed cement placement of this squeeze and the cement from a previous squeeze from 1996. This CBL has been submitted to the COGCC and has a document number 1352432.

### 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	

Comment:

In an effort to bring the regulatory record for the Ferguson #2-25 up to date, a review was undertaken of the historical record of the well in which several deficiencies were discovered. This is the second submittal regarding work not on file with the COGCC and covers a cement squeeze performed on the well in May of 2007. The casing issues were found just above a previous 1996 squeeze. A CBL was performed confirming cement placement of both squeezes. Confirmation of the original primary TOC and placement interval of the original DV cement job placement was also obtained. This log has been submitted to the COGCC and has document number 1352432.

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: Manager/Owner

Date: \_\_\_\_\_

Email: ed@renegadeoilandgas.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401593364	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>					
401595089	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

