

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



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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: <u>74165</u>	Contact Name: <u>Edward Ingve</u>
Name of Operator: <u>RENEGADE OIL & GAS COMPANY LLC</u>	Phone: <u>(303) 829-2354</u>
Address: <u>6155 S MAIN STREET #210</u>	Fax: <u>(303) 680-4907</u>
City: <u>AURORA</u> State: <u>CO</u> Zip: <u>80016</u>	

API Number <u>05-001-06475-00</u>	County: <u>ADAMS</u>
Well Name: <u>FERGUSON</u>	Well Number: <u>2-25</u>
Location: QtrQtr: <u>SENW</u> Section: <u>25</u> Township: <u>2S</u> Range: <u>62W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1980</u> feet Direction: <u>FNL</u> Distance: <u>1980</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.849420</u> As Drilled Longitude: <u>-104.275380</u>	

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&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 <u>7290</u> TVD** _____	Plug Back Total Depth MD <u>7245</u> TVD** _____
Elevations GR <u>5231</u> KB <u>5240</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

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)

