

**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.

Document Number:  
401790302

Date Received:

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 74165 Contact Name: Edward Ingve  
 Name of Operator: RENEGADE OIL & GAS COMPANY LLC Phone: (303) 829-2354  
 Address: 6155 S MAIN STREET #210 Fax: (303) 680-4725  
 City: AURORA State: CO Zip: 80016

API Number 05-005-07364-00 County: ARAPAHOE  
 Well Name: State of Colorado Well Number: 3-33  
 Location: QtrQtr: NWNW Section: 33 Township: 5S Range: 64W Meridian: 6  
 Footage at surface: Distance: 600 feet Direction: FNL Distance: 720 feet Direction: FWL  
 As Drilled Latitude: 39.577980 As Drilled Longitude: -104.564730

GPS Data:  
 Date of Measurement: 10/22/2018 PDOP Reading: 2.2 GPS Instrument Operator's Name: Elijah Frane

\*\* 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: BRAVE Field Number: 7515  
 Federal, Indian or State Lease Number: S8369.5

Spud Date: (when the 1st bit hit the dirt) 09/18/2018 Date TD: 10/02/2018 Date Casing Set or D&A: 10/04/2018  
 Rig Release Date: 10/04/2018 Per Rule 308A.b.

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

Total Depth MD 8655 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 8630 TVD\*\* \_\_\_\_\_  
 Elevations GR 6067 KB 6077 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Dual Induction-GR-SP, Compensated Density-Compensated Neutron-GR, Micro-GR, Radial CBL-GR-CCL

**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
CONDUCTOR	26	16	36.95	0	73	56	0	73	VISU
SURF	12+1/4	8+5/8	24	0	2,463	960	0	2,463	VISU
1ST	7+7/8	4+1/2	11.6	0	8,650	300	6,920	8,650	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

### 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	
SUSSEX	5,398				
NIOBRARA	7,722				
FORT HAYS	8,042				
X BENTONITE	8,344				
D SAND	8,432				
J SAND	8,484				

Comment:

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 ?	
<b>Attachment Checklist</b>			
401799161	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"/>
401811970	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
401791079	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401791082	TIF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401791085	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401791090	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401791092	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401791093	TIF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401791095	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401793518	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401793521	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401793523	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

