

FORM
5Rev
09/14State 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:

401790302

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) 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 ?
<u>Attachment Checklist</u>		
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"/>
<u>Other Attachments</u>		
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)

