

COMPLETED INTERVAL REPORT

Document Number:
402468874

Date Received:

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>74165</u>	4. Contact Name: <u>Edward Ingve</u>
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5. API Number <u>05-001-06513-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>FERGUSON</u>	Well Number: <u>5-25</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>25</u> Township: <u>2S</u> Range: <u>62W</u> Meridian: <u>6</u>	
9. Field Name: <u>IRONDALE</u> Field Code: <u>39350</u>	

Completed Interval

FORMATION: J SAND Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/17/2007 End Date: 08/17/2007 Date of First Production this formation: _____

Perforations Top: 7164 Bottom: 7182 No. Holes: 48 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Fracture stimulate new J Sand perforations from 7164'-7170' & 7176'-7182' with 976 barrels gelled water containing 80,980# 20/40 sand down 2 7/8" frac string at 15 BPM and average of 5000 psi. ISIP-2040 psi. 5 min-1845 psi. 10 min-1700 psi. 15 min-1629 psi. 1 hr-1300 psi. 3 hr-950 psi.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>976</u>	Max pressure during treatment (psi): <u>6130</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.35</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>80980</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

This Form 5A for the Ferguson #5-25 is being filed to reflect a J Sand recompletion and commingling from 2007 and not in the records of the COGCC. The J Sand in the well was perforated from 7164'-7170 and 7176'-7182' and swab tested for productivity. Once good pressure and hydrocarbons were confirmed the J Sand was fracture stimulated. The zone was then commingled with the original D Sand perforations of the well. Historical production reports will be reviewed and refiled if necessary to reflect this activity. An additional Form 5 and Form 5A have also been recently filed for 2010 work on the Ferguson #5-25.

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

<u>Att Doc Num</u>	<u>Name</u>
402468881	WIRELINE JOB SUMMARY
402468882	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)