

FORM  
5

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400080753

**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

1. OGCC Operator Number: 10275 4. Contact Name: Loni Davis  
2. Name of Operator: AUGUSTUS ENERGY PARTNERS LLC Phone: (970) 332-3585  
3. Address: P O BOX 250 Fax: (970) 332-3587  
City: WRAY State: CO Zip: 80758

5. API Number 05-125-11049-00 6. County: YUMA  
7. Well Name: J. Brophy Estate Well Number: 34-31 1S43W  
8. Location: QtrQtr: SWSE Section: 31 Township: 1S Range: 43W Meridian: 6  
Footage at surface: Direction: FSL Distance: 568 Direction: FEL Distance: 1592  
As Drilled Latitude: 39.921138 As Drilled Longitude: -102.228584

GPS Data:

Data of Measurement: 07/24/2010 PDOP Reading: 2.7 GPS Instrument Operator's Name: Bob McCormick

\*\* If directional footage

at Top of Prod. Zone Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_

9. Field Name: BEECHER ISLAND 10. Field Number: 5997

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 07/20/2010 13. Date TD: 07/21/2010 14. Date Casing Set or D&A: 07/22/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 2167 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 2110 TVD \_\_\_\_\_

18. Elevations GR 3835 KB 3847

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Compensated Density Neutron Dual Induction, Compensated Density Neutron Gamma Ray, Dual Induction Guard Log Gamma Ray, Cement Bond Log

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	9+7/8	7	17	381	104	381	0
1ST	6+1/4	4+1/2	10.5	2,152	150	2,152	0

REMEDIAL CEMENT

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

Details of work: \_\_\_\_\_

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
BENTONITE	1,791		<input type="checkbox"/>	<input type="checkbox"/>	Log Tops
NIOBRARA	1,883	1,906	<input type="checkbox"/>	<input type="checkbox"/>	Log Tops

Comment:

Hard copy of logs were mailed on 8/19/10. LAS format of logs should have been received from the loggers.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Loni J. Davis

Title: Oper Acctg & Reg Spec Date: \_\_\_\_\_ Email: ldavis@augustusenergy.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name	Doc Description
400080755	CMT SUMMARY	Cement Tickets_Surface.pdf
400080756	CMT SUMMARY	Cement Tickets_Production.pdf

Total Attach: 2 Files