

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



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**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:

400086409

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 05-125-11653-00 6. County: YUMA  
7. Well Name: Johnson Prescott Well Number: 12-15 2S46W  
8. Location: QtrQtr: SWNW Section: 15 Township: 2S Range: 46W Meridian: 6  
Footage at surface: Direction: FNL Distance: 2185 Direction: FWL Distance: 610  
As Drilled Latitude: 39.883907 As Drilled Longitude: -102.519052

GPS Data:

Data of Measurement: 08/31/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: Neal McCormick

\*\* If directional footage

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

9. Field Name: MILDRED 10. Field Number: 54975

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

12. Spud Date: (when the 1st bit hit the dirt) 08/12/2010 13. Date TD: 08/14/2010 14. Date Casing Set or D&A: 08/14/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2526 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 2474 TVD \_\_\_\_\_

18. Elevations GR 4071 KB 4083

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 Neutron 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	20	374	96	374	0
1ST	6+1/4	4+1/2	10.5	2,516	188	2,516	0

### ADDITIONAL 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			<input type="checkbox"/>	<input type="checkbox"/>	No logs - couldn't get past bridge @ 2075'
NIOBRARA			<input type="checkbox"/>	<input type="checkbox"/>	No logs - couldn't get past bridge @ 2075'

Comment:

The well could not be logged. Logging tool couldn't get past 2075'. Hard copy of logs were mailed on 09/09/10. LAS format of logs should have been submitted by logging company.

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 Drilling Completion Report (Form 5) 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
400086413	CMT SUMMARY	Cement Tickets_Production.pdf
400086415	CMT SUMMARY	Cement Tickets_Surface.pdf

Total Attach: 2 Files