

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

Document Number:

2556617

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: 2016 GRAND AVE STE A Fax: (970) 332-3587
City: BILLINGS State: MT Zip: 59102

5. API Number 05-125-11268-00 6. County: YUMA
7. Well Name: Lippert Trust Well Number: 13-01 1S45W
8. Location: QtrQtr: NWSW Section: 1 Township: 1S Range: 45W Meridian: 6
Footage at surface: Distance: 2151 feet Direction: FSL Distance: 320 feet Direction: FWL
As Drilled Latitude: 39.996150 As Drilled Longitude: -102.373340

GPS Data:

Data of Measurement: 06/07/2010 PDOP Reading: 3.0 GPS Instrument Operator's Name: KATHY MCCORMICK

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: DUKE 10. Field Number: 18890

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/21/2010 13. Date TD: 06/01/2010 14. Date Casing Set or D&A: 06/01/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2575 TVD _____ 17 Plug Back Total Depth MD 2496 TVD _____

18. Elevations GR 3934 KB 3946

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:

COMPNSTD DENSITY NEUTRON DUAL INDUCTION & GAMMA RAY, GUARD LOG GAMMA RAY, CEMENT BOND LOG

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7			480	120	0	480	CALC
1ST	6+1/4	4+1/2		1	2,538	185	0	2,538	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

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

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	2,239		<input type="checkbox"/>	<input type="checkbox"/>	LOG TOPS
NIOBRARA	2,314	2,362	<input type="checkbox"/>	<input type="checkbox"/>	LOG TOPS

Comment: _____

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

Signed: _____ Print Name: JUSTIN J. STONE

Title: DRILLING & COMPL FOREMAN Date: 6/29/2010 Email: JSTONE@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: *David & Neslin* Director of COGCC Date: 2/24/2011

Attachment Check List

Att Doc Num	Name
2556617	FORM 5 SUBMITTED
2556618	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)