

**FORM  
5**Rev  
02/08State 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:

400140719

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 05-125-08804-00 6. County: YUMA  
7. Well Name: Otto Lueking Well Number: 23-24 5N47W  
8. Location: QtrQtr: NESW Section: 24 Township: 5N Range: 47W Meridian: 6  
Footage at surface: Distance: 2039 feet Direction: FSL Distance: 2021 feet Direction: FWL  
As Drilled Latitude: 40.386030 As Drilled Longitude: -102.561860

## GPS Data:

Data of Measurement: 03/12/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Bob McCormick

\*\* 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: \_\_\_\_\_

9. Field Name: ROCK CREEK 10. Field Number: 74006

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

12. Spud Date: (when the 1st bit hit the dirt) 03/05/2011 13. Date TD: 03/08/2011 14. Date Casing Set or D&A: 03/08/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3075 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 3023 TVD\*\* \_\_\_\_\_18. Elevations GR 3939 KB 3951

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 Compensated Neutron Gamma Ray, Compensated Density Compensated Neutron Dual Induction, Dual Induction 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	17		438	120	0	438	CALC
1ST	6+1/4	4+1/2	10.5	1	3,063	206	0	3,063	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	2,691		<input type="checkbox"/>	<input type="checkbox"/>	Log tops
NIOBRARA	2,749	2,780	<input type="checkbox"/>	<input type="checkbox"/>	Log Tops

Comment:

Hard copy of logs were mailed on 03/18/11. LAS format of logs have been submitted by logging company on 03/08/11, CBL 03/18/11

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

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400140722	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400140719	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)