


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES																
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<b>DRILLING COMPLETION REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">400140320</div>																				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion																							
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GPS Data: Data of Measurement: <u>03/31/2011</u> PDOP Reading: <u>2.0</u> GPS Instrument Operator's Name: <u>NEAL MCCORMICK</u>																							
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9. Field Name: <u>ROCK CREEK</u> 10. Field Number: <u>74006</u>																							
11. Federal, Indian or State Lease Number: _____																							
12. Spud Date: (when the 1st bit hit the dirt) <u>03/01/2011</u> 13. Date TD: <u>03/07/2011</u> 14. Date Casing Set or D&A: <u>03/07/2011</u>																							
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation																							
16. Total Depth    MD <u>3070</u> TVD** _____    17 Plug Back Total Depth    MD <u>3018</u> TVD** _____																							
18. Elevations    GR <u>3935</u> KB <u>3947</u>																							
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:																							

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

### 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	0	495	136	0	495	CALC
1ST	6+1/4	4+1/2	10.5	1	3,059	204	0	3,059	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	2,674		<input type="checkbox"/>	<input type="checkbox"/>	Log Tops
NIOBRARA	2,730	2,763	<input type="checkbox"/>	<input type="checkbox"/>	Log Tops

Comment:

Hard copy of logs were mailed on 03/17/11. LAS format of logs have been submitted by logging company on 03/07/11, CBL on 03/11/11

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: 3/17/2011

Email: ldavis@augustusenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400140325	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>					
400140320	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	REC AS DRILLED INO FROM LD @ AUGUSTUS	7/8/2011 12:13:55 PM
Permit	REQ AS DRILLED GPS	7/8/2011 11:58:05 AM

Total: 2 comment(s)