

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400259156

Date Received:

03/15/2012

## 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: 2016 GRAND AVE STE A

Fax: (970) 332-3587

City: BILLINGS State: MT Zip: 59102

5. API Number 05-125-12024-00

6. County: YUMA

7. Well Name: Rockwell

Well Number: 24-13A 1S45W

8. Location: QtrQtr: SESW Section: 13 Township: 1S Range: 45W Meridian: 6

Footage at surface: Distance: 210 feet Direction: FSL Distance: 2394 feet Direction: FWL

As Drilled Latitude: 39.962722 As Drilled Longitude: -102.365389

## GPS Data:

Date of Measurement: 03/06/2012 PDOP Reading: 1.5 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: DUKE

10. Field Number: 18890

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/29/2012 13. Date TD: 03/01/2012 14. Date Casing Set or D&amp;A: 03/02/2012

## 15. Well Classification:

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

16. Total Depth MD 2521 TVD\*\* 17 Plug Back Total Depth MD 2469 TVD\*\*

18. Elevations GR 3915 KB 3927

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, Dual Induction Guard Log Gamma Ray, Compensated Density/Neutron 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	0	473	105	0	473	CALC
1ST	6+1/4	4+1/2	10.5	0	2,511	210	0	2,466	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
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	2,172		<input type="checkbox"/>	<input type="checkbox"/>	Log Top
NIOBRARA	2,249	2,288	<input type="checkbox"/>	<input type="checkbox"/>	Log Top

Comment:

Hard copy of logs were mailed on 03/16/12. LAS format of logs have been submitted by logging company on 03/06/12. LAS format of CBL was submitted by logging company on 03/06/12.

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: 3/15/2012

Email: ldavis@augustusenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400259298	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>					
400259156	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400261066	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Per opr, top of casing liner = zero 4/25/2012	4/25/2012 5:10:20 PM

Total: 1 comment(s)