

FORM
5
Rev
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



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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&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)