

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:

400405896

Date Received:

## 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: P O BOX 250

Fax: (970) 332-3587

City: WRAY State: CO Zip: 80758

5. API Number 05-125-12015-00

6. County: YUMA

7. Well Name: Rockwell

Well Number: 14-13 1S45W

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

Footage at surface: Distance: 573 feet Direction: FSL Distance: 210 feet Direction: FWL

As Drilled Latitude: 39.963278 As Drilled Longitude: -102.373170

## GPS Data:

Date of Measurement: 04/25/2013 PDOP Reading: 5.0 GPS Instrument Operator's Name: Kevin 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) 04/16/2013 13. Date TD: 04/17/2013 14. Date Casing Set or D&amp;A: 04/18/2013

## 15. Well Classification:

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

16. Total Depth MD 2515 TVD\*\* 17 Plug Back Total Depth MD 2444 TVD\*\*

18. Elevations GR 3913 KB 3919

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	469	210	0	469	CALC
1ST	6+1/4	4+1/2	10.5	0	2,487	204	0	2,452	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
Details of work:					

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
BENTONITE	2,194		<input type="checkbox"/>	<input type="checkbox"/>	Log Top
NIOBRARA	2,265	2,300	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copy of logs were mailed on 05/08/13. LAS format of logs have been submitted by logging company on 04/22/13. LAS format of CBL has been submitted by logging company on 05/06/13.

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>			
400406540	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"/>

### General Comments

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

Total: 0 comment(s)