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FORM 5

Rev 02/08
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State of Colorado
Oil and Gas Conservation Commission

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

DRILLING COMPLETION REPORT
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DE	ET	OE	ES

Document Number:

400666616

Date Received:
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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

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1. OGCC Operator Number: 10489
2. Name of Operator: AUGUSTUS ENERGY RESOURCES LLC
3. Address: 36695 HWY 385
   City: WRAY   State: CO   Zip: 80758

4. Contact Name: Loni Davis
   Phone: (970) 332-3585
   Fax: (970) 332-3587

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5. API Number   05-125-12095-00
6. County: YUMA
7. Well Name: Hagemann   Well Number: 43-10 1N46W
8. Location: QtrQtr: NESE   Section: 10   Township: 1N   Range: 46W   Meridian: 6
   Footage at surface: Distance: 1550 feet   Direction: FSL   Distance: 880 feet   Direction: FEL
   As Drilled Latitude: 40.065520   As Drilled Longitude: -102.495190

GPS Data:
   Date of Measurement: 08/22/2014   PDOP Reading: 1.5   GPS Instrument Operator's Name: John Thompson

   ** 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: REPUBLICAN   10. Field Number: 73275
11. Federal, Indian or State Lease Number: _____

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12. Spud Date: (when the 1st bit hit the dirt) 08/08/2014   13. Date TD: 08/10/2014   14. Date Casing Set or D&A: 08/10/2014

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15. Well Classification:

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

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16. Total Depth   MD 2667   TVD** _____   17 Plug Back Total Depth   MD 2608   TVD** _____

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18. Elevations   GR 3923   KB 3929   One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

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19. List Electric Logs Run:

High Resolution Induction/Compensated Density/Neutron, High Resolution Induction, Compensated Density/Neutron Gamma Ray, Cement Bond Log

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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	20	0	512	270	0	512	CALC
1ST	6+1/4	4+1/2	10.5	0	2,653	208	0	2,600	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:

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	2,407		☐	☐	
NIOBRARA	2,473	2,513	☐	☐	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____   Print Name: Loni Davis

Title: Oper Acctg & Reg Spec   Date: _____   Email: ldavis@augustusenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

Att Doc Num	Document Name			
400666683	CMT Summary *	Yes ☒	No ☐
	Core Analysis	Yes ☐	No ☒
	Directional Survey **	Yes ☐	No ☒
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☒	No ☐
400666686	Other	Yes ☒	No ☐

Other Attachments

Att Doc Num	Document Name			
400666647	PDF-TRIPLE COMBINATION	Yes ☒	No ☐
400666671	PDF-CEMENT BOND	Yes ☒	No ☐
400666679	LAS-TRIPLE COMBINATION	Yes ☒	No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)