

FORM
5

Rev
09/14

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

400666616

Date Received:

08/28/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: <u>10489</u>	Contact Name: <u>Loni Davis</u>
Name of Operator: <u>AUGUSTUS ENERGY RESOURCES LLC</u>	Phone: <u>(970) 332-3585</u>
Address: <u>36695 HWY 385</u>	Fax: <u>(970) 332-3587</u>
City: <u>WRAY</u> State: <u>CO</u> Zip: <u>80758</u>	

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

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: _____

Field Name: REPUBLICAN Field Number: 73275

Federal, Indian or State Lease Number: _____

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

Rig Release Date: _____ Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 2667 TVD** _____ Plug Back Total Depth MD 2608 TVD** _____

Elevations GR 3923 KB 3929 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
High Resolution Induction/Compensated Density/Neutron, High Resolution Induction, Compensated Density/Neutron Gamma Ray, Cement Bond Log

CASING, LINER AND CEMENT

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	VISU
1ST	6+1/4	4+1/2	10.5	0	2,653	208	400	2,653	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
BENTONITE	2,407				
NIOBRARA	2,473	2,513			

Operator Comments

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: 8/28/2014 Email: ldavis@augustusenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400666683	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
400666686	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
2519331	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666616	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666647	IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666679	IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached requested CBL.	9/23/2014 8:28:53 AM
Permit	CBL corrupted; requested another.	9/23/2014 5:51:05 AM

Total: 2 comment(s)