

FORM  
5Rev  
09/14State 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:

400675612

Date Received:

09/15/2014

## 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: 10489

Contact Name: Loni Davis

Name of Operator: AUGUSTUS ENERGY RESOURCES LLC

Phone: (970) 332-3585

Address: 36695 HWY 385

Fax: (970) 332-3587

City: WRAY State: CO Zip: 80758

API Number 05-125-12101-00

County: YUMA

Well Name: Lundgren Farms

Well Number: 22-08 5N46W

Location: QtrQtr: SENW Section: 8 Township: 5N Range: 46W Meridian: 6

Footage at surface: Distance: 2348 feet Direction: FNL Distance: 2254 feet Direction: FWL

As Drilled Latitude: 40.417780 As Drilled Longitude: -102.522846

## GPS Data:

Date of Measurement: 09/05/2014 PDOP Reading: 1.8 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: PHUMA

Field Number: 68650

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/20/2014 Date TD: 08/22/2014 Date Casing Set or D&amp;A: 08/23/2014

Rig Release Date: Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 2916 TVD\*\* Plug Back Total Depth MD 2854 TVD\*\*

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

List Electric Logs Run:

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	506	240	0	506	VISU
1ST	6+1/4	4+1/2	10.5	0	2,899	312	0	2,899	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	

**Operator Comments**

Well could not be logged - MIRU Pioneer Wireline; Complete JSA; Held Tailgate Safety Meeting; Log well w/ CDL/CNL/ Dual Induction; Hit bridge @ 1560'. TOO H w/ Pioneer; TIH w/ BHA, DC & DP; Circulated through bridge @ 1560; Cleaned out to TD @ 2916'; C&C; TOO H; LDDP; LDDC & BHA; RU Pioneer Wireline; Log well w/ CDL/CNL/ Dual Induction; Hit bridge again @ 1560'. Tried to work through. TOO H w/ Pioneer; TIH w/ BHA, DC & DP; Didn't tag @ 1560' with DP; Cleaned out to TD @ 2916'; C&C; TOO H; LDDP; LDDC & BHA; Pumped poly pill @ 1600' during TOO H; RU Pioneer Wireline; Log well w/ CDL/CNL/ Dual Induction; Hit bridge @ 1457'.

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

Signed: \_\_\_\_\_

Print Name: Loni DavisTitle: Oper Acctg & Reg SpecDate: 9/15/2014Email: ldavis@augustusenergy.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400682064	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"/>
400682066	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400675612	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400687913	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)