

FORM
5Rev
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



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Document Number:

400720467

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

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 05-125-12120-00

County: YUMA

Well Name: McConnell

Well Number: 21-23 4N47W

Location: QtrQtr: NENW Section: 23 Township: 4N Range: 47W Meridian: 6

Footage at surface: Distance: 620 feet Direction: FNL Distance: 1670 feet Direction: FWL

As Drilled Latitude: 40.305613 As Drilled Longitude: -102.598273

GPS Data:

Date of Measurement: 10/25/2014 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: BUFFALO GRASS

Field Number: 7781

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/07/2014 Date TD: 10/09/2014 Date Casing Set or D&A: 10/10/2014

Rig Release Date: 10/10/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 2943 TVD** Plug Back Total Depth MD 2858 TVD**

Elevations GR 3963 KB 3969 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Triple Combo, High Resolution Induction, Compensated Density/Compensated Neutron Gamma Ray, CBL

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	494	164	0	494	CALC
1ST	6+1/4	4+1/2	10.5	0	2,901	200	0	2,860	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	2,663				
NIOBRARA	2,738	2,767			

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 ?			
<u>Attachment Checklist</u>					
400730809	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"/>
400720552	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400720491	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400730801	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400730802	PDF-DUAL INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400730806	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400730807	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)