

**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.

Document Number:  
400720728

Date Received:

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 05-125-12119-00 County: YUMA

Well Name: Cooper Well Number: 24-34 4N47W

Location: QtrQtr: SESW Section: 34 Township: 4N Range: 47W Meridian: 6

Footage at surface: Distance: 310 feet Direction: FSL Distance: 1979 feet Direction: FWL

As Drilled Latitude: 40.264937 As Drilled Longitude: -102.616210

GPS Data:  
Date of Measurement: 10/25/2014 PDOP Reading: 1.9 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) 10/17/2014 Date TD: 10/19/2014 Date Casing Set or D&A: 10/19/2014

Rig Release Date: 10/19/2014 Per Rule 308A.b.

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

Total Depth MD 2980 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 2798 TVD\*\* \_\_\_\_\_

Elevations GR 3986 KB 3992 **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	389	145	0	389	CALC
1ST	6+1/4	4+1/2	10.5	0	2,841	213	0	2,796	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	2,649				
NIOBRARA	2,731	2,761			

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 ?	
<b>Attachment Checklist</b>			
400730878	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"/>
400720759	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400720755	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730867	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730868	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730874	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400730875	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

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

Total: 0 comment(s)