

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



DE ET OE ES

Document Number:

400720728

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 05-125-12119-00

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&amp;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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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

User Group

Comment

Comment Date

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Total: 0 comment(s)