

**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:

400661677

Date Received:

08/29/2014

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 05-125-12096-00 County: YUMA
Well Name: Gelvin Well Number: 12-18 1S44W
Location: QtrQtr: Lot 2 Section: 18 Township: 1S Range: 44W Meridian: 6
Footage at surface: Distance: 2337 feet Direction: FNL Distance: 712 feet Direction: FWL
As Drilled Latitude: 39.970780 As Drilled Longitude: -102.352840

GPS Data:

Date of Measurement: 08/28/2014 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: VERNON Field Number: 86500

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/27/2014 Date TD: 07/29/2014 Date Casing Set or D&A: 07/30/2014

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

Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 2507 TVD** _____ Plug Back Total Depth MD 494 TVD** _____Elevations GR 3959 KB 3965 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

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	488	270	0	488	CALC
OPEN HOLE	6+1/4			488	2,507				CALC

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	2,253				
NIOBRARA	2,325	2,362			

Operator Comments

No CBL since location was Drilled and Abandoned

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: 8/29/2014 Email: ldavis@augustusenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400666228	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"/>
400667524	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400661677	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400661703	PDF-IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400667510	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400667516	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	well was not completes. well plugged, 6s in process	10/16/2014 4:48:43 PM

Total: 1 comment(s)