

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400082145

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

1. OGCC Operator Number: 10275

4. Contact Name: Loni Davis

2. Name of Operator: AUGUSTUS ENERGY PARTNERS LLC

Phone: (970) 332-3585

3. Address: P O BOX 250

Fax: (970) 332-3587

City: WRAY State: CO Zip: 80758

5. API Number 05-125-11676-00

6. County: YUMA

7. Well Name: Edens

Well Number: 24-17 1N44W

8. Location: QtrQtr: SESW Section: 17 Township: 1N Range: 44W Meridian: 6

Footage at surface: Direction: FSL Distance: 891 Direction: FWL Distance: 1542

As Drilled Latitude: 40.049041 As Drilled Longitude: -102.316766

GPS Data:

Data of Measurement: 08/11/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: Bob McCormick

** If directional footage

at Top of Prod. Zone Distance: Direction: Distance: Direction:

at Bottom Hole Distance: Direction: Distance: Direction:

9. Field Name: REPUBLICAN

10. Field Number: 73275

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/28/2010 13. Date TD: 08/12/2010 14. Date Casing Set or D&A: 08/13/2010

15. Well Classification:

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

16. Total Depth MD 2513 TVD 17 Plug Back Total Depth MD 2459 TVD

18. Elevations GR 3804 KB 3816

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Compensated Density Compensated Neutron Gamma Ray, Compensated Density Compensated Neutron Dual Induction, Dual Induction Guard Log Gamma Ray, Cement Bond Log

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	9+7/8	7	20	372	90	372	0
1ST	6+1/4	4+1/2	10.5	2,500	172	2,500	0

REMEDIAL CEMENT

Cement work date: _____

Details of work: _____

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
BENTONITE	2,113		<input type="checkbox"/>	<input type="checkbox"/>	Log Tops
NIOBRARA	2,166	2,212	<input type="checkbox"/>	<input type="checkbox"/>	Log Tops

Comment:

Hard copy of logs were mailed on 8/24/10. LAS format of logs should have been submitted by logging company.

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

Signed: _____ Print Name: Loni J. Davis

Title: Oper Acctg & Reg Spec Date: _____ Email: ldavis@augustusenergy.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400082146	CMT SUMMARY	Cement Tickets_Surface.pdf
400086367	CMT SUMMARY	Cement Tickets_Production.pdf

Total Attach: 2 Files