

FORM
5Rev
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

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:

400136793

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 05-125-11395-00

6. County: YUMA

7. Well Name: Kirchenschlager

Well Number: 11-11 1N47W

8. Location: QtrQtr: NWNW Section: 11 Township: 1N Range: 47W Meridian: 6

Footage at surface: Distance: 465 feet Direction: FNL Distance: 1161 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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:

9. Field Name: SCHRAMM

10. Field Number: 76825

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/21/2011 13. Date TD: 02/23/2011 14. Date Casing Set or D&A: 02/24/2011

15. Well Classification:

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

16. Total Depth MD 2865 TVD** 17 Plug Back Total Depth MD 2806 TVD**

18. Elevations GR 4027 KB 4039

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 | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 8+5/8 | 24 | 0 | 800 | 560 | 0 | 800 | |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 5,002 | 200 | | 5,002 | |

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

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 | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Hard copy of logs were mailed on _____. LAS format of logs have been submitted by logging company on 02/24/11, CBL on 03/11/11.

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

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-------------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400135643 | 30 Day notice letter | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | APD Orig & 1 Copy | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400136902 | Deviated Drilling Plan | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Exception Loc Request | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Exception Loc Waivers | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Federal Drilling Permit | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | H2S Contingency Plan | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Mineral lease map | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400135647 | Surface agrmt/Surety | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400135644 | Topo map | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Well Location Plat | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400135628 | FORM 2 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400135641 | OIL & GAS LEASE | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400135642 | PLAT | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400135645 | WAIVERS | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400135646 | VARIANCE REQUEST | 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)