

FORM
5
Rev
02/08

State 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

Document Number:
400136793

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 05-125-11395-00 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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)