

**FORM**  
**5**  
Rev  
02/08

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400259661

Date Received:

03/15/2012

**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: <u>10275</u>	4. Contact Name: <u>Loni Davis</u>
2. Name of Operator: <u>AUGUSTUS ENERGY PARTNERS LLC</u>	Phone: <u>(970) 332-3585</u>
3. Address: <u>2016 GRAND AVE STE A</u>	Fax: <u>(970) 332-3587</u>
City: <u>BILLINGS</u> State: <u>MT</u> Zip: <u>59102</u>	

5. API Number <u>05-125-10868-00</u>	6. County: <u>YUMA</u>
7. Well Name: <u>LEGACY ACRES, LLC</u>	Well Number: <u>35-02 1S44W</u>
8. Location:    QtrQtr: <u>NWNE</u> Section: <u>35</u> Township: <u>1S</u> Range: <u>44W</u> Meridian: <u>6</u>	
Footage at surface:    Distance: <u>1135</u> feet    Direction: <u>FNL</u> Distance: <u>1984</u> feet    Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.931194</u> As Drilled Longitude: <u>-102.267722</u>	

GPS Data:

Data of Measurement: 03/06/2012    PDOP Reading: 2.1    GPS Instrument Operator's Name: Bob McCormick

\*\* 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: VERNON    10. Field Number: 86500

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 03/02/2012    13. Date TD: 03/03/2012    14. Date Casing Set or D&A: 03/03/2012

15. Well Classification:

Dry     Oil     Gas/Coalbed     Disposal     Stratigraphic     Enhanced Recovery     Storage     Observation

16. Total Depth    MD 2425    TVD\*\* \_\_\_\_\_    17 Plug Back Total Depth    MD 2371    TVD\*\* \_\_\_\_\_

18. Elevations    GR 3866    KB 3878

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/Neutron Dual Induction, Dual Induction Guard Log Gamma Ray, Compensated Density/Neutron 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	9+7/8	7	17	0	490	105	0	490	CALC
1ST	6+1/4	4+1/2	10.5	0	2,412	190	0	2,368	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

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

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	2,105		<input type="checkbox"/>	<input type="checkbox"/>	Log Tops
NIOBRARA	2,190	2,222	<input type="checkbox"/>	<input type="checkbox"/>	Log Tops

Comment:

Hard copy of logs were mailed on 03/16/12. LAS format of logs have been submitted by logging company on 03/05/12. LAS format of CBL have been submitted by logging company on 03/08/12.

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: 3/15/2012 Email: ldavis@augustusenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400259706	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400259661	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400262090	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)