

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



DE ET OE ES

Document Number:

400377899

Date Received:

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: 10412

4. Contact Name: OLA AKRAD

2. Name of Operator: AUS-TEX EXPLORATION INC

Phone: (303) 233-2232

3. Address: 7985 W 16TH AVENUE

Fax: (303) 233-2442

City: LAKEWOOD State: CO Zip: 80214

5. API Number 05-043-06221-00

6. County: FREMONT

7. Well Name: PATHFINDER

Well Number: C 11-12 1HZ

8. Location: QtrQtr: NWNW Section: 12 Township: 20S Range: 70W Meridian: 6

Footage at surface: Distance: 527 feet Direction: FNL Distance: 511 feet Direction: FWL

As Drilled Latitude: 38.328850 As Drilled Longitude: -105.178654

GPS Data:

Data of Measurement: 02/20/2013 PDOP Reading: 1.6 GPS Instrument Operator's Name: MATTHEW J KOCH

** If directional footage at Top of Prod. Zone Dist.: 1154 feet. Direction: FNL Dist.: 818 feet. Direction: FWL

Sec: 12 Twp: 20S Rng: 70W

** If directional footage at Bottom Hole Dist.: 577 feet. Direction: FSL Dist.: 2530 feet. Direction: FWL

Sec: 12 Twp: 20S Rng: 70W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/29/2012 13. Date TD: 09/27/2012 14. Date Casing Set or D&A: 09/30/2012

15. Well Classification:

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

16. Total Depth MD 9870 TVD** 5152 17 Plug Back Total Depth MD 9870 TVD** 5152

18. Elevations GR 5938 KB 5954

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:

GR, NEUTRON, ARRAY INDUCTION, NEUTRON DENSITY, CBL, TEMPERATURE LOG (9 5/8)

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
CONDUCTOR	20	16		0	60		0		CALC
SURF	17+1/2	13+3/8	54.5	0	1,225	870	0	1,225	VISU
1ST	12+1/4	9+5/8	36	0	4,832	902	3,650	4,832	CBL
2ND	8+1/2	7	23	0	5,677	141	4,350	5,677	CBL
1ST LINER	6+1/8	4+1/2	11.6	4822	9,832				

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:

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	
PIERRE	1,260	5,038	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,677	9,824	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: OLA AKRAD

Title: GENERAL MANAGER- COLORADO Date: _____ Email: oakrad@austineexploration.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400377965	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400377938	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400377953	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400378010	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400378483	LAS-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)