

FORM
5Rev
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:

400403937

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: 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 05-125-12038-00

6. County: YUMA

7. Well Name: SG Hagemann

Well Number: 43-13 1S45W

8. Location: QtrQtr: NESE Section: 13 Township: 1S Range: 45W Meridian: 6

Footage at surface: Distance: 1666 feet Direction: FSL Distance: 1105 feet Direction: FEL

As Drilled Latitude: 39.967083 As Drilled Longitude: -102.359280

GPS Data:

Data of Measurement: 04/25/2013 PDOP Reading: 3.6 GPS Instrument Operator's Name: Kevin 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) 04/12/2013 13. Date TD: 04/13/2013 14. Date Casing Set or D&A: 04/14/2013

15. Well Classification:

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

16. Total Depth MD 2517 TVD** 17 Plug Back Total Depth MD 2447 TVD**

18. Elevations GR 3931 KB 3937

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 | 469 | 210 | 0 | 469 | CALC |
| 1ST | 6+1/4 | 4+1/2 | 10.5 | 0 | 2,490 | 218 | 0 | 2,454 | CBL |

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 | |
| BENTONITE | 2,214 | | <input type="checkbox"/> | <input type="checkbox"/> | Log Top |
| NIOBRARA | 2,246 | 2,310 | <input type="checkbox"/> | <input type="checkbox"/> | Log Top |

Comment:

Hard copy of logs were mailed on 05/08/13. LAS format of logs have been submitted by logging company on 04/14/13. LAS format of CBL had been submitted by logging company on 05/06/13 .

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> | | | | | |
| 400404398 | 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"/> |

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)