

**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:

400407183

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 05-125-12076-00

6. County: YUMA

7. Well Name: Deterding

Well Number: BB-15 1S45W

8. Location: QtrQtr: NWNW Section: 15 Township: 1S Range: 45W Meridian: 6

Footage at surface: Distance: 1118 feet Direction: FNL Distance: 1115 feet Direction: FWL

As Drilled Latitude: 39.972750 As Drilled Longitude: -102.407470

GPS Data:

Date of Measurement: 05/18/2013 PDOP Reading: 2.0 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: DUKE

10. Field Number: 18890

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/18/2013 13. Date TD: 04/19/2013 14. Date Casing Set or D&A: 04/20/2013

15. Well Classification:

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

16. Total Depth MD 2547 TVD** 17 Plug Back Total Depth MD 2489 TVD**

18. Elevations GR 3921 KB 3927

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	2,531	193	0	2,504	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	2,248		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,318	2,366	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copy of logs were mailed on 05/20/13. LAS format of logs have been submitted by logging company on 04/23/13. LAS format of CBL have 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>					
400407396	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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)