

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:
400410813

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 05-125-12075-00 6. County: YUMA
 7. Well Name: Wise Well Number: DB-18 5N46W
 8. Location: QtrQtr: NWNE Section: 18 Township: 5N Range: 46W Meridian: 6
 Footage at surface: Distance: 1255 feet Direction: FNL Distance: 1498 feet Direction: FEL
 As Drilled Latitude: 40.406190 As Drilled Longitude: -102.536280

GPS Data:
 Date of Measurement: 05/18/2013 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: ROCK CREEK 10. Field Number: 74006
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/25/2013 13. Date TD: 04/27/2013 14. Date Casing Set or D&A: 04/28/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2953 TVD** _____ 17 Plug Back Total Depth MD 2871 TVD** _____

18. Elevations GR 3916 KB 3922 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	529	240	0	529	CALC
1ST	6+1/4	4+1/2	10.5	0	2,914	253	0	2,890	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	2,662		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,718	2,751	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copy of logs were mailed on 05/20/13. LAS format of logs were submitted by logging company on 04/29/13. LAS format of CBL was 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 ?	
Attachment Checklist			
400410816	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

Total: 0 comment(s)